

# THE *Canadian Hospital*

*A Monthly Journal for Hospital Executives*



Toronto, Can.

*The Edwards Publishing Company*

August, 1930

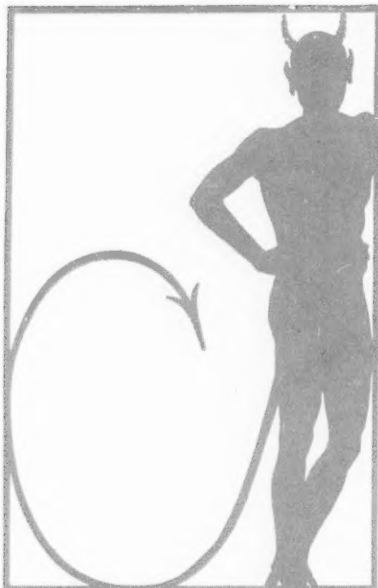
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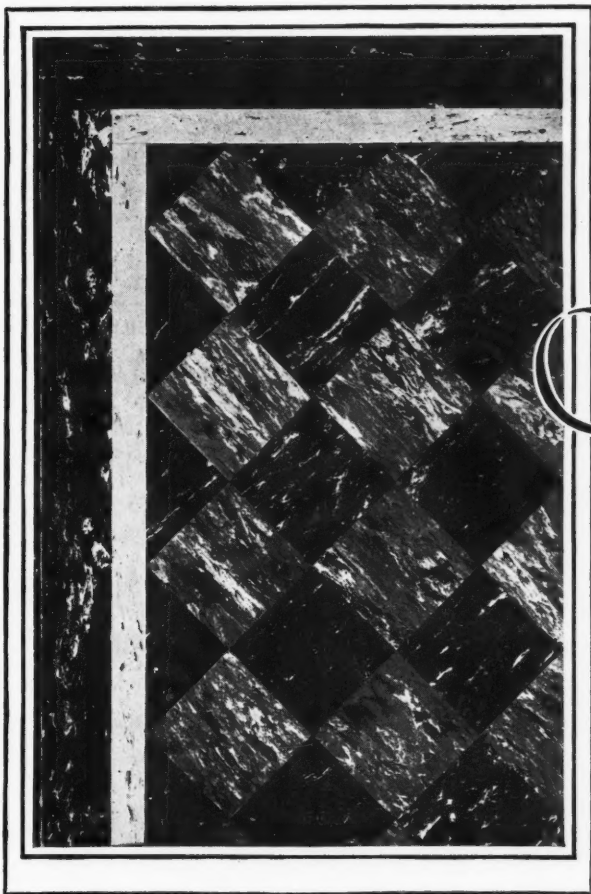
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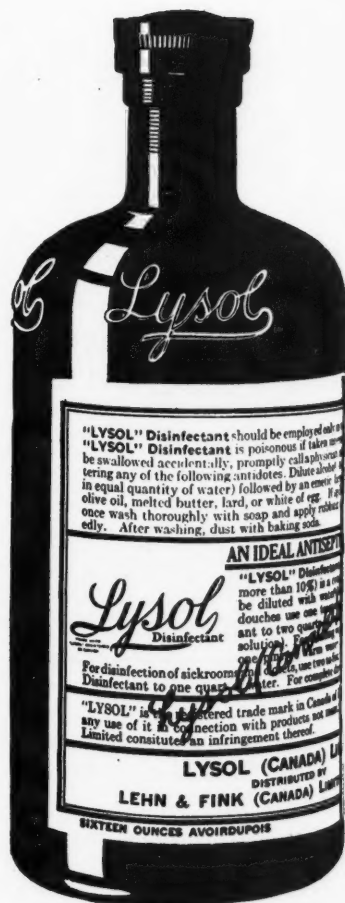
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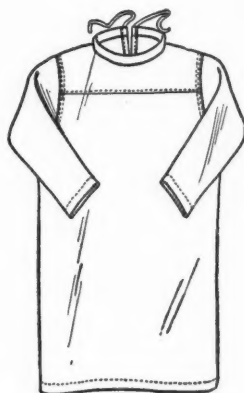


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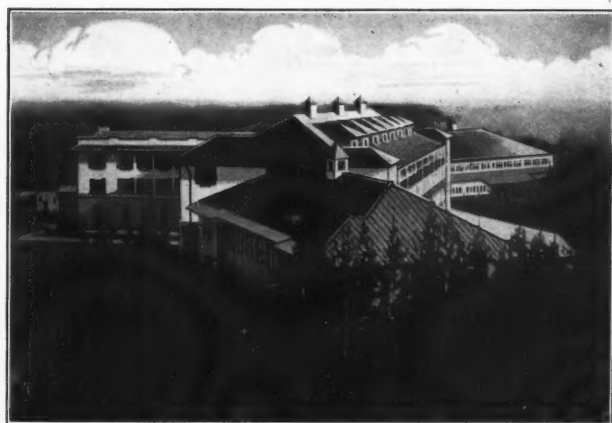
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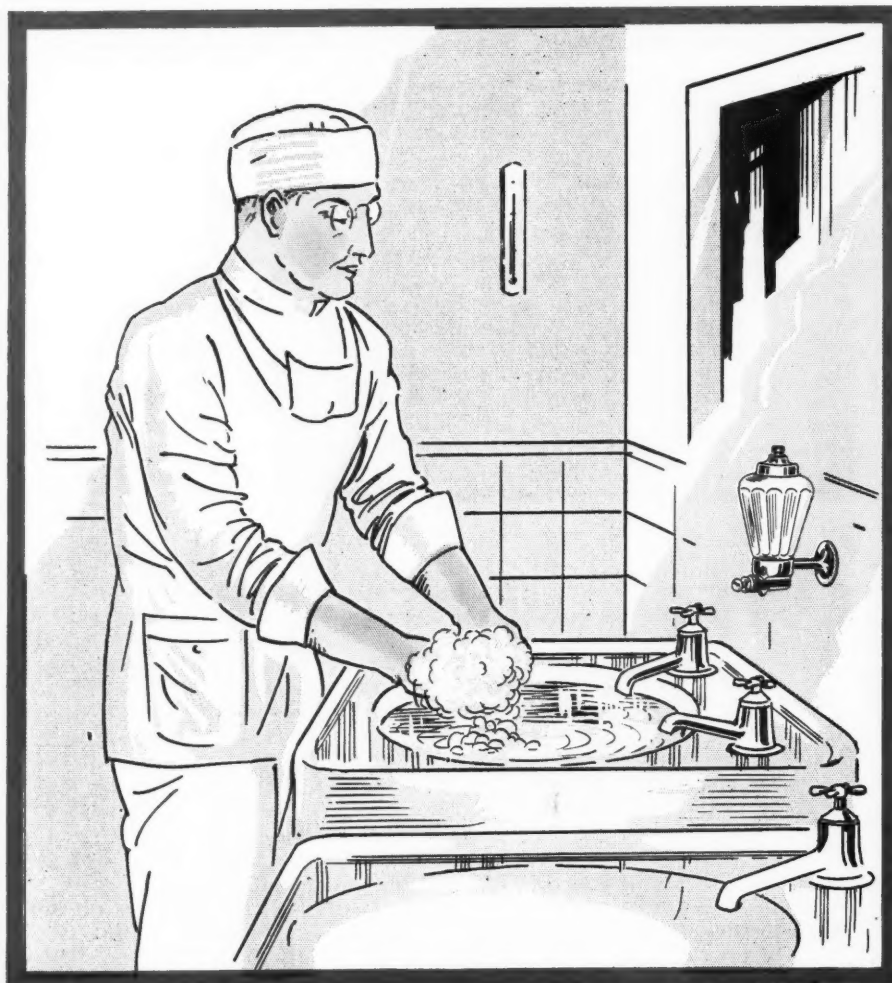
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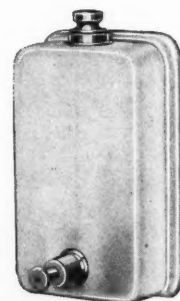
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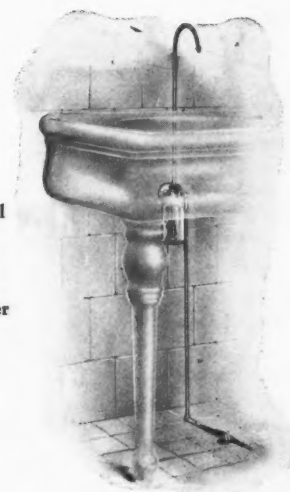
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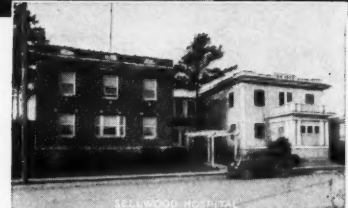
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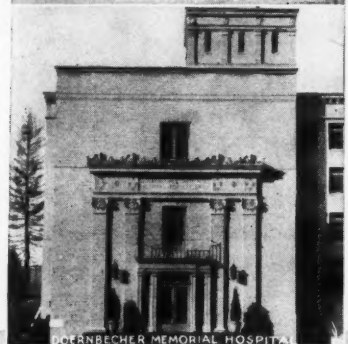
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## Many Approaches Open to Win Public Esteem

NO institution which serves the public can afford to be unpopular with those it serves or may serve, least of all the hospital. The hospital and the public are inter-dependent; the hospital exists for the public, but on the other hand the hospital depends upon the public. Not only does the hospital depend upon the financial returns consequent upon service rendered, but also upon moral support from the public as a whole.

It is a sad trait of human nature that criticism elicits more interest than praise, unless the praise be loudly enough voiced. Which makes necessary either of two things—the elimination of all those factors which give rise to criticism, or systematic methods of making the good work of the hospital known and appreciated. The former should be, and probably is, the objective of every serious-minded and conscientious superintendent, but no matter how assiduously he may work toward that goal, and despite the co-operation of his subordinates, mistakes resulting in criticism will occur from time to time, and things will happen which seem to be beyond human control.

This being so, it becomes necessary to popularize the hospital with the public by overlooking no opportunity to "sell" the institution to its prospective clients. The aims of the hospital, the work it does and the conditions which prevail should be so thoroughly understood and appreciated by the public, that should criticism arise from any quarter, the institution may have a sufficient number of staunch supporters upon whom to rely.



Popularizing the hospital does not mean endowing it with any mythical characteristics or appealing to the emotions, but rather upon acquainting the public with the actual methods of operation. This is an age of hard-headed instincts rather than of emotionalism. Which fact means that the approach must be through the reason rather than through the emotions.

"Seeing is believing". Let the public feel free to visit your institution, show it to them in actual operation from the kitchen to the operating room, make it live in their minds. Let them come not only on Hospital Day but at stated times throughout the year. If you do not feel inclined to extend the privilege indiscriminately, consider for a few minutes what groups or types you prefer interesting in the hospital, and then make it a point to arrange for their visit. Accommodate yourself to their convenience as regards time. If they are business men we would suggest a luncheon meeting followed by a tour of inspection, or an evening "smoker" and visit. Find out when the local branches of service clubs meet; extend to them an invitation to visit you after one of their monthly luncheons or dinners.

If you wish to interest religious societies make friends with their leaders and arrange Sunday afternoon visits. Women's organizations can be very staunch supporters in the opinion of hospital superintendents

who are now receiving their co-operation. Give a social touch to the invitations you extend to them, and have the nursing superintendent preside at an afternoon tea given in their honour after they have been shown around.

Having enlisted the sympathy and co-operation of these groups you have behind you the most influential members of your community, and should you at any time require their support you have ranged on your side the intricate machinery of their organizations.

There is an increasingly important section of the public which seems to have been overlooked in any popularizing scheme of which we have heard. That is the younger generation still attending high schools and colleges. It should not be forgotten that the youths of to-day are the adults of to-morrow, exercising all the rights and privileges of full-fledged citizens. Why not arrange an annual visit for the senior classes in your town? These students are at an age when their minds are very impressionable, but at the same time they are old enough to grasp the significance of your achievement. Their youthful enthusiasm may be aroused by allowing them a trip behind the scenes.

Other means of popularizing the hospital immediately suggest themselves, among them the policy of making friends with the local newspapers. The influence of the press cannot be overestimated. However, the most obvious method of all—and perhaps the most beneficial—is to satisfy to the greatest possible extent every patient treated in your institution, and to make friends with his family and friends when they visit him.



### *Ontario Hospital Association to Have Well Balanced Program*

**A**LL types of delegates have been carefully considered in planning the program of the forthcoming Convention of the Ontario Hospital Association, which will be held, on October 1st, 2nd and 3rd at the Royal York Hotel, Toronto. There will be papers of interest to large and small hospitals, the heads of medical staffs, hospital superintendents, mental hospital executives, nursing superintendents, trustees and members of Hospital Aids. In other words, the program is well balanced and interesting, these considerations being a guarantee of a profitable three-day Convention. No one interested in or concerned with the work of hospitals can afford to miss it.

Although definite details were not obtainable before going to press, Miss Dart, the Assistant Secretary of the Association was able to give us a fairly comprehensive idea of the scope of the program. Among the subjects which will be discussed, each by recognized experts, are the following: Hospital Construction, from the viewpoint of both small and large model hospitals; the Organization of Medical Staffs in both large and small hospitals; Hospital Management from the Viewpoint of Superintendents; Mental Hospital work as

Related to General Hospitals; Hospitals from the Standpoint of the Hospital Aids, Nursing Subjects, etc.

It is hoped that Dr. Malcolm T. MacEachern will conduct the Round Table on the afternoon of the second day of the Convention, and that he will preside at the luncheon on the first day.

Two luncheon meetings will be held on the first and third days of the Convention, both of which will take place in the Hotel. The banquet on the evening of the second day will be followed by a dance. This is a new development, and it is expected that many prominent hospital workers as well as civic and provincial governmental heads will be in attendance.

Three mental hospital experts will conduct the symposium on the subject of Mental Hospitals in Relation to General Hospitals. With so many patients on the borderline between sanity and mental disease, this subject should be found extremely enlightening. Sectional meetings will follow the first luncheon, and it is probable that Dr. MacEachern will preside. Dr. G. Harvey Agnew, well-known to hospital workers through his position as Secretary of the Department of Hospital Service, Canadian Medical Association, will in all likelihood, speak at the banquet.

Those who have not had an opportunity of making a tour of inspection of the new Private Patients Pavilion of the Toronto General Hospital will be able to do so on the afternoon of the first day, when delegates will be entertained at afternoon tea. Dr. Hayward of Montreal will be another hospital leader to appear on the program, although at the time of writing we are not able to announce his subject.

In the September issue of the Canadian Hospital we expect to be able to announce the complete program.



## COMING EVENTS

Ontario Hospital Association Convention, Royal York Hotel, Toronto, October 1st, 2nd, 3rd.

American Hospital Association, New Orleans, October 20-24th.

Catholic Hospital Association, Washington, D.C., September 2-5th.

British Medical Association, Winnipeg, Manitoba, August 30th.

New Brunswick Hospital Association, September 30th, 1930. Place not yet decided upon.

British Columbia Hospital Association, Vancouver, August 19th-22nd.

Western Hospitals Association, at Vancouver, August 19th-22nd.

Ontario United Hospital Aids Association, St. Catharines, September 24th and 25th.

Banting Institute of Medical Research will be opened in Toronto on September 16th and 17th.

Post Graduate Course in Medicine, St. Michael's Hospital, Toronto, September 8-13th. No charge for this course.

### *Suggests Director of Personnel to Improve Hospital Housekeeping*

In a recent issue of an American journal, Charlotte Reeve Conover gives her views on "What's Wrong With Hospitals." We quote from this article because of the fresh view-point of the author, whose criticism is more constructive than destructive, and whose criticisms apply in part at least to many Canadian hospitals.

Assuring her readers of her vital interest in the development of hospital service, it is interesting to note that housekeeping is more severely censured than any other phase of hospitalization. We quote verbatim:

"The shortcomings of the present-day hospital lie seldom or never on the professional or scientific side, (doctors please note!), seldom or never on the lack of equipment, but always to my mind on what might be called the housekeeping side. The patient, rich or poor, gets the best care modern science can give, but is robbed of some small necessary comforts which greatly concern not only his peace of mind but many times his recovery."

The author cites noise as an unnecessary evil which should be minimized, severely indicting the hospital which does not make its servants go about quietly so as to assure quiet for patients. To improve existing conditions as they affect the housekeeping department of the hospital she makes the following recommendation: "In most department stores and factories carried on by modern methods, there is an official, generally a wise, sensible woman called the director of personnel, who stands between the management and the employees to bridge difficulties and settle unexpected problems. She knows both sides; that of the officers, who are by no means infallible, and that of the clerks or operatives, who are less so. She achieves compromise, which many times has saved kingdoms."

The author believes that such an official is doubly necessary in the hospital because of the three-cornered view-point which results from the relationship of doctor, nurse and patient. She suggests the following qualifications for such an official: experience as a mother and housekeeper, acquaintance with the principles and procedure of business, kindliness and "horse sense." If possible, she should have at least probationary training as a nurse, so as to judge fairly for the nurses. It is thought that the medical staff would benefit from this arrangement by providing a subordinate who would give impartial information and would know when orders were to be literally carried out and when modified. We again quote verbatim:

"Not the least of the usefulness of a director of personnel in a hospital would be with the helpers about the place—those who do the heavy work. Most hospitals are short-handed, not only with nurses but with servants. It not seldom happens that in a nurse's absence a patient wants a drink of water. She asks one of the house-keeping staff who happens to be in the room to give her one. It ought not to need special

knowledge to do as simple a thing as that, but I have seldom seen it done right. It is no magician's trick to thrust the left hand under the patient's head and with the right, whisk out the pillow, give it a shake and a punch and put it back cool side up."

An M.D. who read the article "in toto" believed that some of the things complained of could be avoided if there were always a woman on the board of management, because women see things that are hidden from men.



### *Study of Costs of Medical Care Progresses Favourably*

RECENTLY published bulletins have been received by the Editor of the Canadian Hospital from The Committee on the Costs of Medical Care, organized in May, 1927, one of which covers the work of the Committee for the past three years and its plans for the future. The other bulletin is a survey of The Medical Facilities of Shelby County, Indiana, for 1929.

The accompanying letter calls attention to the change affected in the original name of the Committee, in which "Cost" has been changed to "Costs", the latter being more indicative of the scope of the enquiry in which the Committee is engaged. The sub-title has also been altered to indicate further the broad nature of the enquiry, and now reads "Organized to Study the Economic Aspects of the Prevention and Care of Sickness, including the Adequacy, Availability and Compensation of the Persons and Agencies Concerned."

Three fundamental principles have been proposed by the Chairman of the Committee on the Costs of Medical Care, Ray Lyman Wilbur, M.D., and adopted by the members. They are as follows:

1. The personal relation between physician and patient must be preserved in any effective system of medical service.
2. The concept of medical service of the community should include a systematic and intensive use of preventive measures in private practise and effective support of preventive measures in public health work.
3. The medical service of a community should include the necessary facilities for adequate diagnosis and treatment.

Beginning in September, the Committee are planning to issue a monthly report. Although the bulletins deal with the situation as it exists in the United States, the data is both enlightening and valuable for matters of comparison. Hospital workers interested in the problems being dealt with by the Committee would be well advised to have their names added to the mailing list for these bulletins, eleven of which, exclusive of the review of the first three years' work, have been published to date. The Committee on Costs of Medical Care may be addressed at 910 Seventeenth Street, N.W., Washington, D.C.

## Prince Albert Sanatorium Has Extensive Diagnostic Facilities

By R. G. FERGUSON, M.D., Director of Medical Services.

THE newly constructed plant known as the Prince Albert Sanatorium has been located and designed with a view of becoming one of the principal treating units of the Saskatchewan Anti-Tuberculosis League. Consequently the site and the environment required careful consideration. The institution is located at Prince Albert, Saskatchewan, on the north side of the Saskatchewan River, opposite the City. It is surrounded by a Jack pine forest and is cut off from the surrounding neighbourhood by a loop of the Little Red River, which, together with the Saskatchewan River, surrounds the institution on three sides, affording grounds of approximately eighty acres, and cutting it off entirely from the activities of the adjoining city and community. The wooded plateau comprising the sanatorium property rises fifty feet above the river and valley below, and affords ventilation and drainage which practically eliminates mosquitoes, while the forested country in the surrounding territory affords little dust.

For scenic beauty, this site can scarcely be equalled in western Canada. Its prominence gives it a commanding view of the valley, the city and a large area of surrounding country. The altitude at this side is 1450 feet. The hospital section has a southern exposure in a district where the average number of sunshine hours per year is 2240. While the institution is well isolated, nevertheless there is a railroad siding within three quarters of a mile, and the institution is within two and a half miles of the wholesale centre of Prince Albert.

### Exterior of Terra Cotta and Stucco.

The hospital section of the Prince Albert Sanatorium consists of a central section three storeys high with two adjoining wings two storeys high. From the centre section a service wing three storeys high extends to the rear. There is a full basement throughout. The dimensions of the building are well proportioned, altogether giving the idea of balance. The general lines of the structure are perpendicular, and, although plain, are pleasing and substantial. The exterior of the building is of terra cotta brick and stucco, with stone trimmings and with Spanish tile roofing. The frame is of steel and concrete with walls of interlocking tile. The power house and laundry are of similar construction and are connected by a tunnel with the basement of the hospital section.

Following the trend of our time in Sanatorium construction which is practical as well as aesthetic, the

*The Design of this Sanatorium is compact. The wings afford sufficient separation of Children and Adults of both sexes.*

general plan of the institution is compact, getting away entirely from the pavilion and cottage units. The hospital section and the administration wing is practically all one structure, so divided by wings as to provide sufficient separation of children and adults of both sexes yet so compact as to afford economy in plumbing, central heating, food distribution and nursing care.

Considering that the trend is towards prevention in Anti-Tuberculosis work, this institution will serve not only as a treatment

unit, but also as a diagnostic centre for the northern portion of the province, and the Hinterland which is now so rapidly developing. Consequently the administration section has been designed so as to be equally convenient to serve the treatment institution on one side and the outdoor diagnostic clinic on the other, and yet sufficiently separated that this busy clinic will not disturb the quiet tenure of the institution beyond.

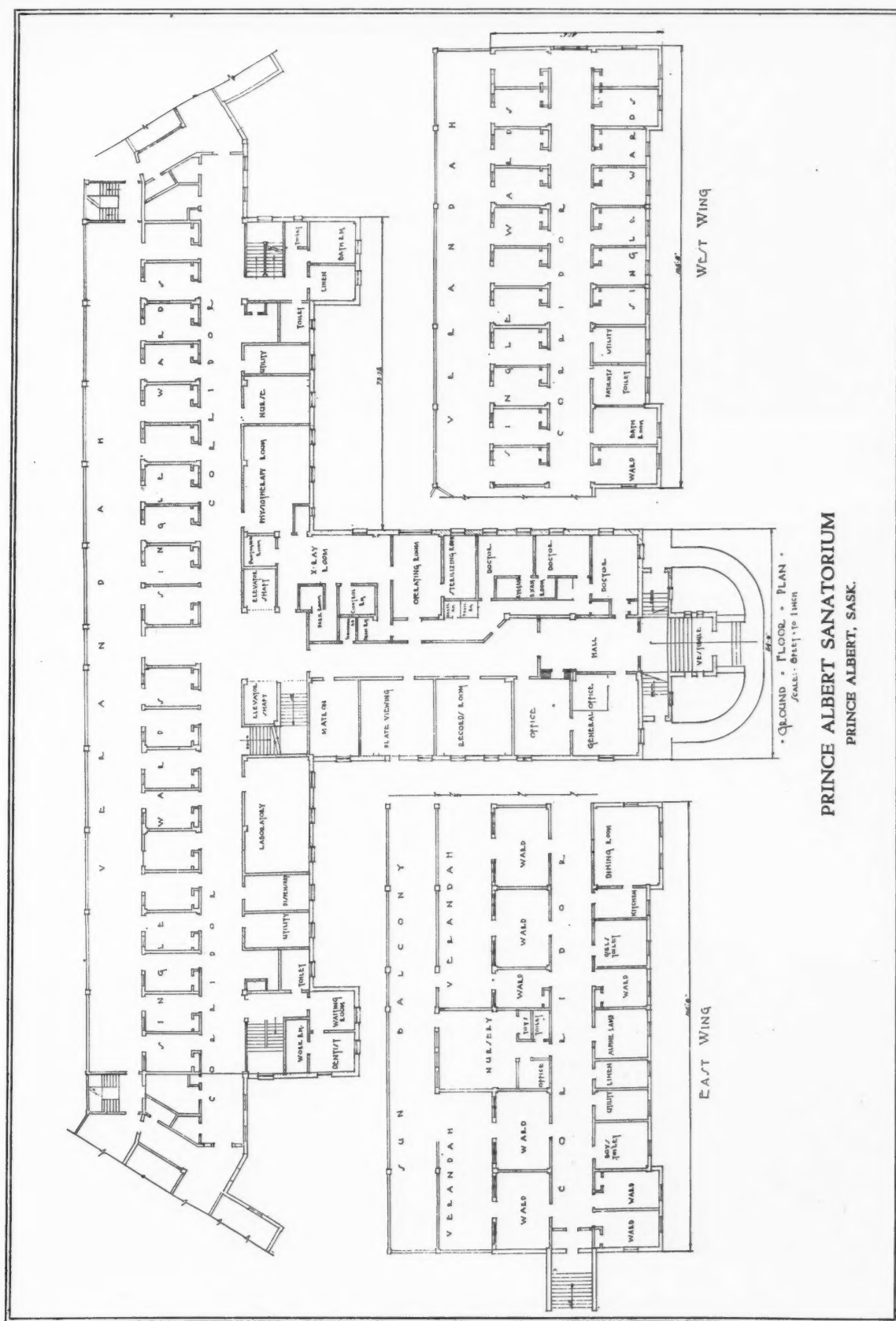
The service wing projection to the back from the centre of the building provides accommodation on the ground floor for administration offices and medical examination facilities adapted both to patients under treatment and to the diagnostic clinic.

A further feature of this Diagnostic and Treatment Section is the location of the operating room, which has been so co-ordinated with the radiological unit as to be convenient for pneumothorax treatment. In our present routine this occupies a considerable period for three days a week, and the major use of the operating room is for this purpose, rather than other operative work, which is a minor consideration.

The institution is further distinctive in its provision for Light Therapy. Three large balconies have been provided which will afford accommodation for Meliotherapy in the summer for 50 per cent. of the patients. Two of these balconies, when the season demands, will be converted into glassed-in solaria by pulling down the sliding sash, filled with violet ray glass, from beneath the roof. In this way we hope to prolong our application of heliotherapy for at least three months per year, making it effective from March 1st to October 1st. In addition to this the institution is amply provided with Mercury Quartz Lamps on each flat, one Carbon Arc Unit for the children and one Finson Ray Unit for the treatment of lupus.

Another feature in line with recent progress in institution layout is the provision for the distribution of food in the most convenient and expeditious manner, so that it may be served hot to the patients, most of whom will be on tray service. All kitchens are

*Continued on page 20*





*The hospital section of the Prince Albert Sanatorium consists of a central section with service wing at rear, and two adjoining wings.*

### **Prince Albert Sanatorium Has Extensive Diagnostic Facilities**

*Continued from page 18*

located on the top floor. The main kitchen and dining room occupy the top floor of the administration wing, thus removing the noise and odour of food service from the hospital section, and yet keeping it within convenient distance for distribution. At either end of the central building, on the same floor, are located the spacious diet kitchens, which, through the aid of subveyors, will each serve 80 patients, distributed on three different floors below. No tray will require to be carried further than forty paces. This concentration of kitchens should facilitate ready supervision by one dietitian.

The basement of the service wing is occupied by central stores with cold storage facilities, with sufficient capacity for the storage and preservation of such commodities as can only be purchased to advantage in quantity or in season. Considering the distance of this

institution from our markets, this feature is of importance in economic administration.

As regards the hospital section, its outstanding feature as a public institution is its large proportion of single wards, combined with common balconies. Since real economy of operation depends not on the cost of operation per diem but upon the cost of securing the certain results per patient, we consider that the advantage of having single wards in which there is a minimum of disturbance when the patients are off the balcony, contributes materially to the purpose of rest treatment.

The children's unit in the hospital section has separate facilities for light therapy, school, recreation and separate dining room for children who are up and around. Yet it is so located as to conveniently make use of all the special services of the institution, including tray service from the unit diet kitchens, operating room, cast room, and medical examination rooms. It also provides accommodation for three types of child-



*At left, a children's ward in the Prince Albert Sanatorium. At right, Rest Balcony with sliding sash and large transoms.*

ren—infants, small children of each sex and larger children of each sex. On the ground floor of the children's unit there are three types of accommodation—ward, fresh air balcony and sun porch. On the second floor there are two types of accommodation—ward and combined fresh air and heliotherapy balcony with the further possibility of converting the balcony into a solarium for the colder spring and fall months, as referred to previously.

The entire unit has been located, planned and furnished with a view to economy of maintenance. Water, sewage disposal and electric current are provided at reasonable rates by the adjacent city. Door frames are steel, floors of terrazzo, tile and linoleum. For distribution, costs are reduced by the location of main kitchen and diet kitchens. Under this plan plumbing and heating can be maintained throughout the year at a cost not exceeding that in a much milder climate where the cottage and pavilion unit installation is followed. Replacements, it is hoped will have been reduced by installing the best quality of equipment, and Monel metal sinks and utensils throughout. It is thus hoped that this institution will be able to give the maximum of service with the minimum of staff.

### *Baffin Land Will Have a Hospital*

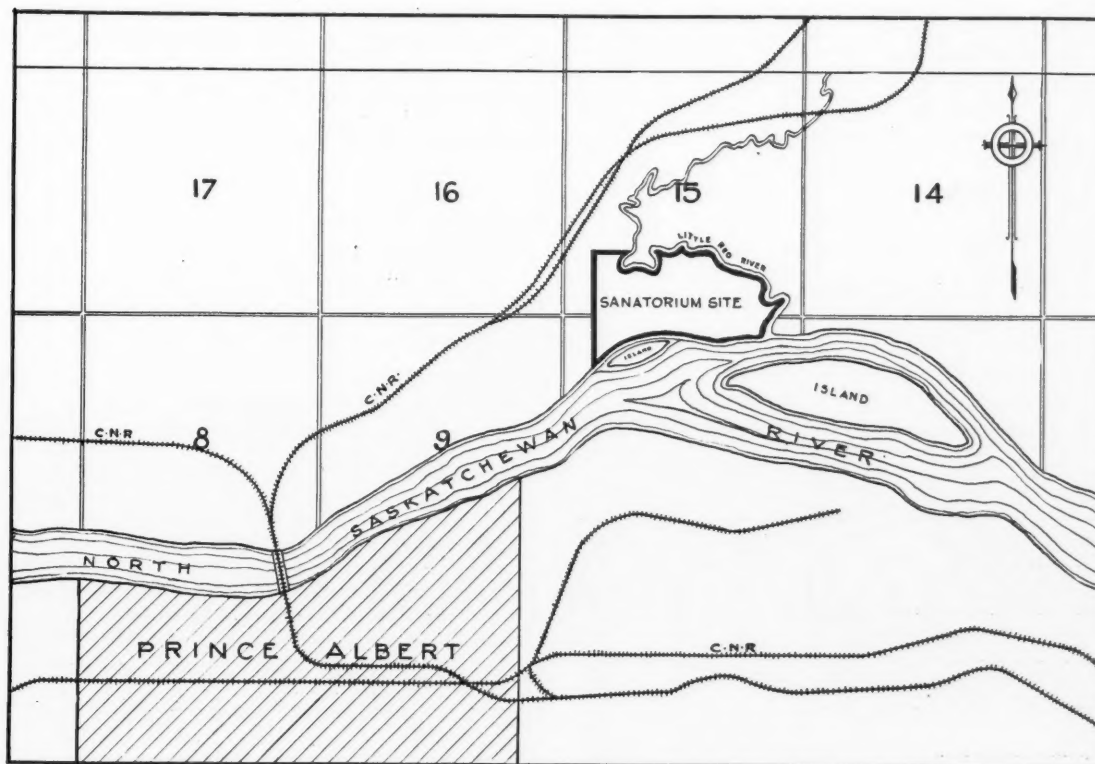
Archdeacon Fleming, in charge of missionary work for the Church of England in the most northerly part of Canada, has announced that plans have been com-

pleted for the erection of the first hospital in the eastern part of Canada's Far North territory. The Church already has a hospital at Aklavik, at the mouth of the Mackenzie River, which is the most northerly hospital located anywhere within the British Empire.

The new hospital will be located at Pangnirtung, on the Cumberland Gulf in Baffin Land, and while not quite as far north as the hospital at Aklavik, will be considerably more isolated from civilization. It will serve the large number of Eskimo hunters living in that part of the Far North, the Hudson Bay Post and the local detachment of the Royal Northwest Mounted Police.

This unique institution will have accommodation for six adult patients as well as a nursery, and will require the services of two nurses, who will be assisted by native maids. A residence for the nurses is included in plans for the building, which have been drawn up by Molesworth, West and Secord, of Toronto, in consultation with B. Evan Parry, superintending architect of the Department of Pensions and National Health.

FORT SIMPSON, N.W.T.—Reconstruction of the hospital at Fort Simpson, which was destroyed by fire early in June, has been decided upon, and construction of a \$50,000 hospital will be commenced. The institution will supply the hospital needs of a vast territory contiguous to the Mackenzie River. Forty per cent. of the cost of the new building will be borne by the Federal Government.



*For scenic beauty the site of the Prince Albert Sanatorium can hardly be surpassed.*

## Hospital Association of Nova Scotia and Prince Edward Island Holds Successful Convention

**P**ROBABLY the outstanding item on the program of the Second Annual Convention of the Hospital Association of Nova Scotia and Prince Edward Island was the organized debate, "Resolved that the small hospital could be operated more efficiently and less expensively without an attached School of Nursing." The Chairman was Dr. G. Harvey Agnew, Secretary, Department of Hospital Service, Canadian Medical Association, who was in Sydney for the duration of the Convention. The affirmative side of the debate was upheld by Miss Anita MacDonald and Miss Muriel MacLeod of St. Martha's Hospital, Antigonish, and the negative by Miss Mary McLaughlan and Miss Mary Young of St. Joseph's Hospital, Glace Bay. The discussion was opened by Dr. Malcolm T. MacEachern, and the Round Table Discussion following was led by Dr. Agnew and Dr. MacEachern. Dr. Agnew tells us that it has seldom been his pleasure to listen to a debate which was so well conducted according to Parliamentary procedure or for which the facts had been so well marshaled. We hope to have these papers for publication in an early issue of The Canadian Hospital.

Registration of delegates and members opened at 9 o'clock on June 10th, after which the address of welcome was given by Mayor MacConnell, of Sydney. Major W. A. Fillmore, president of the Hospital Association, responded to the greeting on behalf of the delegates. The minutes of the last annual meeting were read by the Rev. Lewis MacLellan. The president then gave the customary address to the assemblage. The program might properly be divided into four distinct sections as follows: The Hospital Association and the Hospitals, The Government and Hospitals, The Hospital and the School of Nursing, The Hospital and the Community.

In connection with the first—"The Hospital Associa-

tion and the Hospitals," Dr. G. Harvey Agnew presented a paper entitled "Aims of a Progressive Hospital Association," the discussion following being led by D. C. Sinclair, LL.B., President of the Aberdeen Hospital Board, New Glasgow. "Constructive Criticism on Hospital Service in General" was the topic of the paper presented by Dr. D. MacNeil, of Glace Bay, afterwards discussed by the meeting in general under the leadership of J. J. Roy, M.D., F.A.C.S., of Glace Bay. The meeting adjourned after the appointment of a Nominating and Resolutions Committee.

At 1.30 the reports of the various committees were presented, after which the second and third general divisions of the program were presented. In connection with "The Government and Hospitals," two papers were presented entitled "Modern Hospital Legislation" and "Should We Have a Provincial Department of Health?" by L. D. Currie, LL.B., member of St. Joseph's Hospital Board, Glace Bay, and Mrs. P. M. Fielding, member of Windsor Hospital Board, respectively. Both papers were followed by discussions. "The Hospital and the School of Nursing" section comprised four papers on different phases of this subject. The papers were as follows: "Standards of Nurse Education," by Ann Slattery, B.A., Dalhousie University; "The Graduate Nurses' Association—Its Aims and Achievements," by Mrs. D. Gillis, of Halifax; "The School of Nursing an Educational Centre," by Sister M. Jovita, Directress of Nurses, St. Martha's Hospital, Antigonish; "The Feasibility of an Eight Hour Day in Our Schools of Nursing," by the Directress of Nurses, Halifax Infirmary, Halifax. General discussion followed.

The morning session of the second day of the Convention was chiefly concerned with the problems of "The Hospital and the Community." The first paper on the program, entitled "The Hospital as an Organized Health Centre," was presented by Dr. Malcolm

### HOSPITAL HISTORY in the

#### PROVINCE OF ONTARIO FOR THE YEAR ENDING SEPTEMBER 30th, 1929

	Total No.	Bed Capacity	Total Days' Stay	Per Diem per Capita Cost	Total Maintenance Cost
General Hospitals . . . . .	115	10,333	2,904,521	\$3.49	\$10,140,782.42
Sanatoria . . . . .	10	2,184	690,887	\$2.24	\$ 1,545,935 65
Hospitals for Incurables . . . .	6	770	239,322	\$2.10	\$ 503,540 65
Red Cross Outposts . . . . .	21	162	29,384	.....	\$ 141,868.52
Totals . . . . .	152	13,449	3,864,114	.....	\$12,332,127.24
Mental Hospitals . . . . .	12	9,733	.....	.....	.....

T. MacEachern, Director of Hospital Activities for the American College of Surgeons. A new thought and attitude reveals itself in the next item on the program, "Hospitals Would Be Vastly Better if They Had To Be," discussed by Rev. M. M. Coady, D.D., St. Francis Xavier University Extension Department, Antigonish. "The Hospital as an Educational Health Centre for the Rural Community" was discussed by Mr. A. B. MacDonald, of the same University Department, this being followed by a similar paper, "The Hospital as an Educational Health Centre for the Urban Community," by Dr. H. L. Scammell, Inspector of Canadian Hospitals for the American College of Surgeons. "The Functions of a Trained Social Worker in the Community" was the last paper on the morning's agenda.

It was in the afternoon session of the second day that the subject of the advisability or otherwise of training schools for nurses being attached to small hospitals was debated with zest. Following the elections of officers and committees and the report of the Resolution Committee, the second annual meeting of the Association was adjourned. Visits were then made by many of the delegates to the New Waterford and Glace Bay Hospitals.

Nor was the social side of the Convention overlooked. Luncheons were tendered by the City Hospital, Sydney; St. Rita's Hospital and the North Sydney Hospital. A banquet at the Isle Royal Hotel was given by the Cape Breton Hospitals, at which the visitors were present. On June 11th the visiting delegates were given dinner parties at St. Joseph's Hospital and the Glace Bay General Hospital. At eight o'clock in the evening, the Commencement Exercises of St. Joseph's Hospital were held in the auditorium of the Central School, many of the visitors being present.

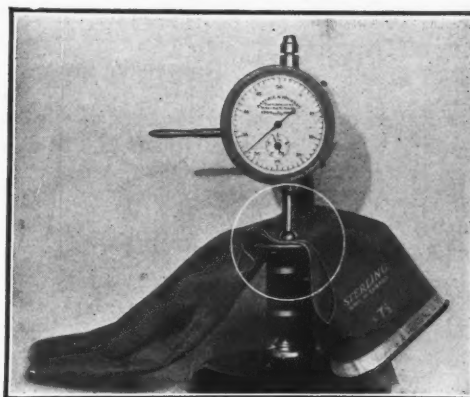
Together with the advance program of the Convention, which the Rev. Lewis MacLellan so kindly forwarded to us, came the announcement of the appointment of the Canadian Hospital Journal as the official organ of the Hospital Association of Nova Scotia and Prince Edward Island. The Editor wishes to express appreciation of this honour, and assures all members of the Association that co-operation will at all times be freely given. By keeping us in close touch with your activities we feel that this can be done most satisfactorily for both the Association and its individual members.

AMHERST, N.S.—Highland View Hospital completed its initial year of operation on July 3rd. In that period it has carried out its important work for the benefit of Cumberland County in a manner which deserves commendation. The superintendent's report shows 861 patients admitted and 792 discharged during the year, and 40 births as against 31 deaths. A total of 864 patients have been treated in the out-patient department, and there has been a total of 736 operations. The staff at the present time consists of 21 persons, five of whom are graduate nurses, the balance being student nurses and probationers.

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## Maritime Catholic Hospital Association Convenes in Sydney

FOR the convenience of members of the Maritime Conference of the Catholic Hospital Association who might be attending the Convention of the Hospital Association of Nova Scotia and Prince Edward Island, their seventh Annual Meeting was held in Sydney for the two days following the completion of that Convention. Many were in attendance at both Conventions, thereby giving unquestionable proof of the intense interest of Maritime hospital workers in the problems of nursing education, the care of the sick and administration.

The first day of the Convention was known as "Nurse Education Day," the program arranged being of special interest to delegates concerned with this important phase of hospital work. Mass was celebrated by the Right Reverend James Morrison, D.D., Bishop of Antigonish. An inspiring sermon was preached by the Reverend F. M. Lochary of Saint John, New Brunswick. At 8.30 a meeting of the Executive Board was held, followed by registration of delegates at 9 o'clock. The program proper commenced at 9.30, addresses of welcome being given by the Right Reverend Bishop Morrison and the Reverend J. H. MacDonald, P.P., Sydney, N.S., and responded to by the President. The minutes of the last meeting were read, Nominating and Resolution Committees were appointed, the President gave his address and the presentation of papers was then commenced.

The morning program consisted of the following papers: "Necessity of Nurses Maintaining High Educational Standards in their Schools of Nursing," by the Reverend J. R. MacDonald, followed by discussions by Sister Camillus, Director of Nurses, Saint John Infirmary, Saint John, N.B., and Sister Harquail, Hotel Dieu of St. Joseph, Campbellton, N.B.; "The Affiliation of the School of Nursing with the University," by Dr. Malcolm T. MacEachern, American College of Surgeons, Chicago. This paper was discussed by the Reverend D. J. McDonald, Ph.D. of St. Francis Xavier University and the Reverend P. J. Nicholson of the same University.

The afternoon session commenced at 1.30, the papers presented being as follows: "Teaching Anatomy in the School of Nursing" and demonstration by Sister M. Annunciata of St. Martha's Hospital, Antigonish, followed by general discussion, and "The Health of the Nurse in Training," by Dr. A. L. Scammell, American College of Surgeons, discussed by Sister M. Paula, City Hospital, Charlottetown, and Sister Harquail, Campbellton. A round Table Discussion on Nurse Education concluded the afternoon's program, after which the delegates were conducted on a motor tour of the city and district.

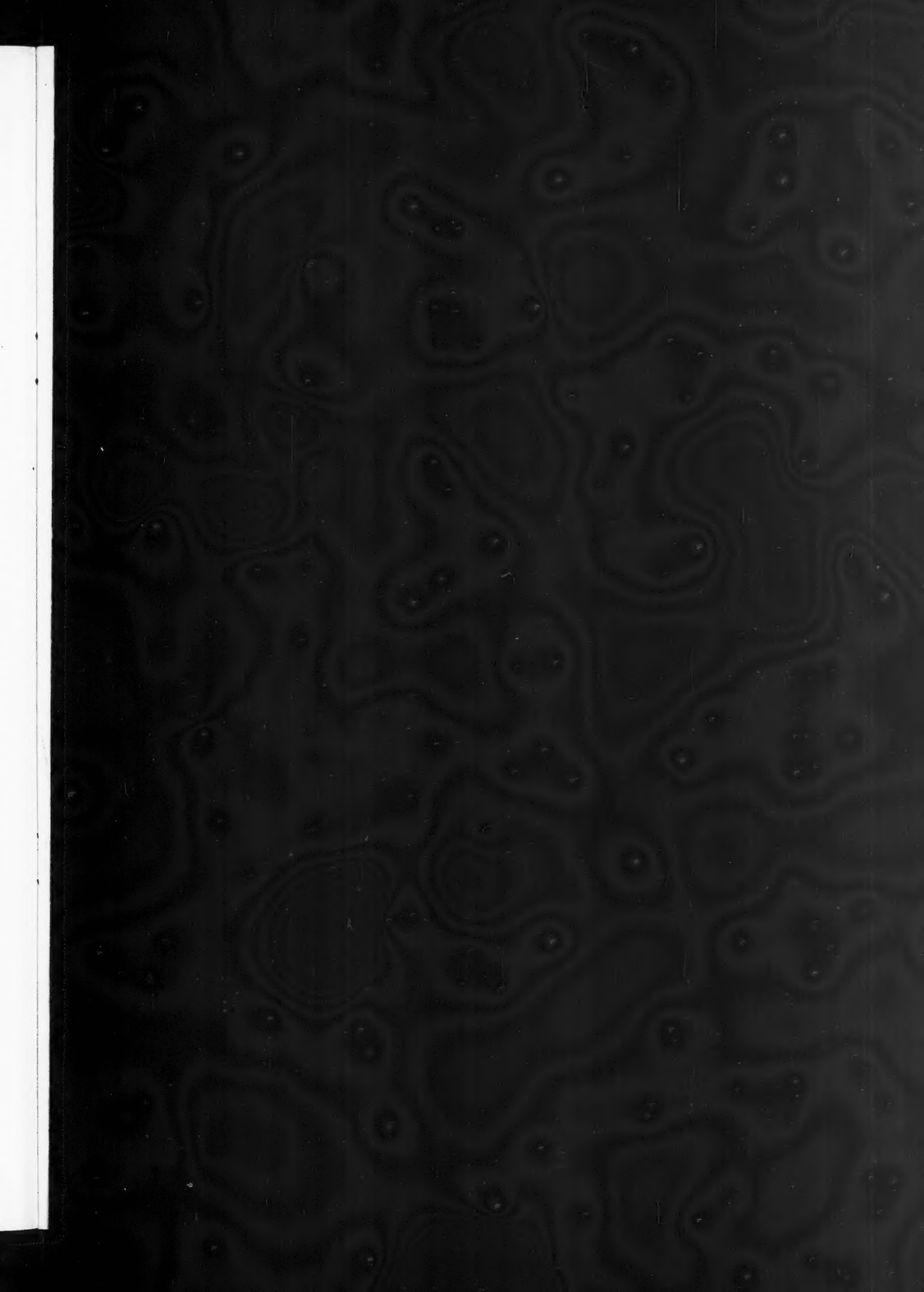
An informal meeting of the delegates from religious orders was held in the evening, presided over by Sister

Veronica, Superior of Saint John Infirmary, Saint John, N.B. "Religious Activities Throughout the Hospital" and "Domestic Problems" were discussed by Sister Kenny, of the Hotel Dieu of St. Joseph, Chatham, N.B., and Sister Mary, Halifax Infirmary, respectively. Miscellaneous problems were discussed in the conference which rounded out the evening session.

General topics were the order of morning session of the second day of the Convention. The reports of the various committees were presented as follows: Nurse Education, by Sister Audet, Publicity, by Sister Anna Seton, Pharmacy, by Sister Kerr, Dietetics, by Sister Irene Marie, Laboratory, by Sister Martin, Records, by M. Paula, Sodalities, by Sister M. Jovita. These committee reports were followed by three excellent papers: "Spiritual Responsibility of the Hospital, the Nurse, the Patient and the Help," by Reverend F. M. Lochart, of Saint John, N.B., "The Sisters' Hospital from the Doctor's Viewpoint," by Dr. J. B. Lynch, of Sydney, N.S., and "Hospital Publicity," by Dr. G. Harvey Agnew, of the Department of Hospital Service, Canadian Medical Association. The general discussion following was led by the Reverend Lewis MacLellan, of Antigonish.

"Hospital Finances," was the general topic for the afternoon session, "State or Municipality Aid to our Hospitals" being presented by D. C. Sinclair, K.C., New Glasgow, N.S. Discussion by Sister Mary of Mercy, St. Martha's Hospital followed. A demonstration of Hospital Accounting was given to the delegates, who followed it with close attention. "The Organization of Ladies' Aids" was discussed in detail by Sister M. Anthony. The election of officers and committees rounded out the afternoon session.

The new officers of the Maritime Conference of the Catholic Hospital Association are as follows: President, Sister Kenny, Chatham, N.B.; 1st. Vice-President, Sister M. Veronica, Saint John, N.B.; 2nd. Vice-President, Sister Belle-Isle, Campbellton, N.B.; 3rd Vice-President, Sister M. Gonzaga, North Sydney, C.B.; Secretary-Treasurer, Sister St. Stanislaus, B.A. The Executives include the following: Sister Harquail, Campbellton, N.B.; Sister Anna Seton, Halifax, N.S.; Sister Camillus, Saint John, N.B.; Sister Mary of the Sacred Heart, Inverness, C.B.; Sister Turcotte, Tracadie, N.B. The following committees were appointed: Publicity, Sister Audet, Campbellton, N.B.; Nurse Education, Sister M. Beatrice, B.A., Antigonish, N.S.; Pharmacy, Sister M. Immaculata, Antigonish, N.S.; Dietetics, Sister Victor, Saint John, N.B.; X-Ray, Sister Mary David, Halifax, N.S.; Records, Sister Mary of Mercy, Antigonish, N.S.; Sodalities, Sister M. Peter, Glace Bay, N.S.







**H**ALY ABBAS (d. 994) was personal physician to the Sultan Adhaded-Daula Ben Buweik, to whom he dedicated his "el Maliki" or Royal book, which served as a medical and surgical authority for seven centuries. In this work Haly Abbas gives clear and detailed instructions covering surgery of the entire body, including the closure of abdominal wounds with the "glovers suture", the suturing of skin in tracheotomy, and the use of the ligature in an operation which he describes as amputation of the artery.

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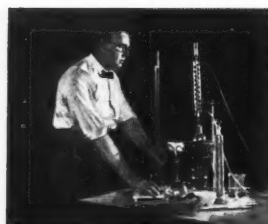


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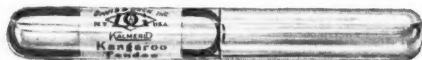
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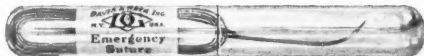
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812..10-DAY KALMERID “ ..20..	00, 0, 1, 2, 3	
822..20-DAY KALMERID “ ..20..	00, 0, 1, 2, 3	
862..HORSEHAIR .....	56.....	00
872..WHITE SILKWORM GUT...28.....	0	
882..WHITE TWISTED SILK.....20.....	000, 0, 2	
892..UMBILICAL TAPE.....24...1/8-IN. WIDE		

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NO.	INCHES IN TUBE	SIZES
904..PLAIN KALMERID CATGUT..20..	00, 0, 1, 2, 3	
914..10-DAY KALMERID “ ..20..	00, 0, 1, 2, 3	
924..20-DAY KALMERID “ ..20..	00, 0, 1, 2, 3	
964..HORSEHAIR.....	56.....	00
974..WHITE SILKWORM GUT...28.....	0	
984..WHITE TWISTED SILK.....20.....	000, 0, 2	

### BOILABLE

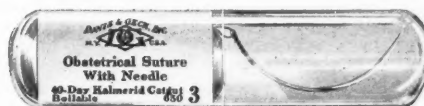
Package of 12 tubes of a size. . . . \$3.00  
Less 20% on gross or more or \$28.80, net, a gross

The ash of D&G Sutures is assayed to make sure that no traces remain of uncombined chromium nor of other residues of the chromicizing process.



## Obstetrical Sutures

FOR immediate repair of perineal lacerations. A 28-inch suture of 40-day Kalmerid germicidal catgut, size 3, threaded on a large full-curved needle. Boilable.\*



No. 650. Package of 12 tubes. . . . \$4.20  
Less 20% on gross or more or \$40.32, net, a gross

## Circumcision Sutures

A 28-INCH suture of Kalmerid germicidal catgut, plain, size 00, threaded on a small full-curved needle. Boilable.\*



No. 600. Package of 12 tubes. . . . \$3.60  
Less 20% on gross or more or \$34.56, net, a gross

## Universal Suture Sizes

All sutures are gauged by the standard catgut sizes as here shown

000	4
00	6
0	8
1	16
2	24
3	

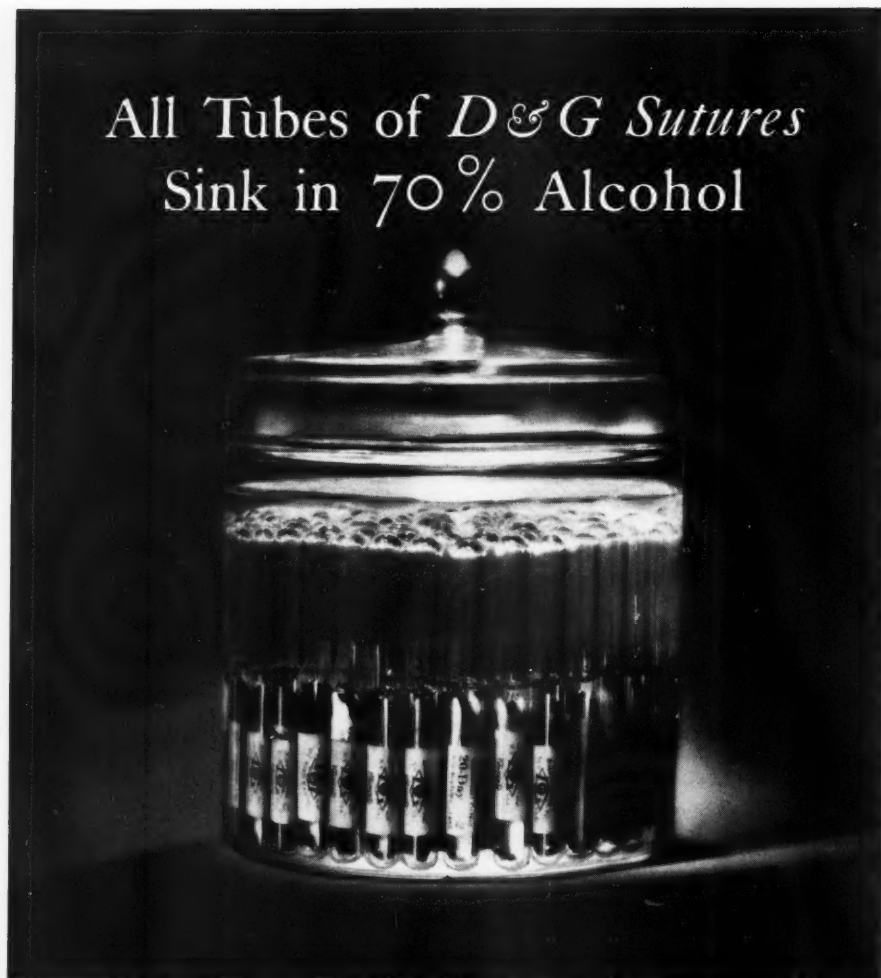
\* These tubes not only may be boiled but even may be autoclaved up to 30 pounds pressure, any number of times, without impairment of the sutures.

† Potassium-mercuric-iodide is the ideal bactericide for the preparation of germicidal sutures. It has a phenol coefficient of at least 1100; it is not precipitated by serum or other proteins; it is chemically stable—unlike iodine it does not break down under light and heat; it interferes in no way with the absorption of the sutures, and in the proportions used is free from irritating action on tissues.

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substances, are of sufficient specific  
gravity to keep tubes fully submerged

*D&G Sutures*

"THIS ONE THING WE DO"

DAVIS & GECK INC.





## Increased State and Municipal Aid Needed for Expansion\*

D. C. SINCLAIR, K.C., New Glasgow, Cape Breton.

**T**HOSE of us who have anything to do with the management of Hospitals are realizing more and more the need of expansion in all our institutions.

As the days go by the calls on the hospital will increase because modern medical and surgical treatment demand hospital accommodation in order to enable the physician to practise the healing art; also because preventive medicine, with its early, exact and thorough diagnosis of physical disorders is becoming more prevalent; and lastly because hospitals are becoming more popular with people. They have, through the excellent services which they have rendered, removed the ancient prejudice against themselves.

Not only is there need for expansion in our buildings, but there is need for expansion in our equipment. In recent years the strides in medical science are astounding, and we do not for a moment think that the end has been reached. At different medical centres throughout the world men are devoting their lives to the untiring search for the causes of, and the remedies for all the diseases to which flesh is heir, and their labours have by no means been in vain.

Each discovery gives relief to suffering humanity, but it requires intricate apparatus, rare metals and expensive drugs and serums to enable the practitioner to carry on his noble work of healing. Building costs are high. Medical and Surgical supplies and equipment are costly, so the hospitals of the country are faced with, and will continue to be faced with heavy financial burdens. How is this problem to be faced, for faced it must be? The hospitals in the future must give the best service available, just as they have in the past.

There are only three sources of income:

- (a) An increase in the charges made to patients in order to make the hospitals self-sustaining.
- (b) Subscriptions, donations, and bequests from the charitably minded public.
- (c) Increased municipal or state aid.

One feels that there will be general agreement to the proposition that the object of hospitals should be to keep their rates as low as possible. The cost of sickness is an immense drain on the resources of the ordinary individual. Not only is there a large outgo during illness, but there is no income.

It is scarcely necessary to mention to a body of women who are devoting their lives to the Glory of God and the care of the sick, the importance not only to the hospitals, but to the individual, of generous charitable gifts for the alleviation of suffering, and no effort should be spared in attempting to augment hospital revenues from this source. But I venture to say that even with increased rates, and the possible maxi-

mum of funds from the charitably inclined, that the needs of the hospitals will not be met.

Has the municipality, or the state, any responsibility in reference to financial assistance to hospitals? The state admits it by grants, at least in this Province, on a per patient per diem basis, and most municipalities assist by grants.

What would be the position of the municipality or the state if the hospital decided to close its doors? The municipality would certainly have to make some provision for the care of the sick, and the state would inevitably be called upon to assist, and in that case there would be practically no revenues from charitable sources. The state pays large sums of money to bring immigrants into this country. The best subject that Canada can have is the boy or girl who first saw the light of day in a Canadian home or hospital. A sick Canadian is not an efficient Canadian. The state needs man power. She should protect her own man power.

All taxation is unfair, but the different legislative bodies have struggled to make taxation as equitable as possible. Can there be any fairer method of distributing the financial burden than by having the municipality and the state aid, to a very large extent, the hospitals which are operated as public charities in this country?

The municipality and the state would have to operate such institutions, if none existed. By aiding existing hospitals they escape, to a very large extent, the cost of management and have the advantage of charitable gifts. We all have to be born, and we are told that we cannot escape death or taxes.

An increasing number of our citizens are going to be born, and will die, in hospitals. Why should they not be taxed to support the hospitals?

### Tuberculosis Experts Visiting Canada

During the month of August, Canada will be host to a distinguished party of tuberculosis experts from England, Scotland, Wales and Northern Ireland, who will make a five weeks' tour of Eastern Canada and the United States. The party is headed by Dr. Ernest Ward, M.D., F.R.C.S., honorary secretary of the Joint Tuberculosis Council of Great Britain.

Dr. Ward's party is scheduled to arrive at Quebec on August 16th, on the C.P.R. steamer *Duchess of Bedford*. They will be entertained by the Lieutenant-Governor at "Spencerwood," from whence they will entrain for Montreal. Ottawa will be visited, then Toronto. During its sojourn in Toronto, the party will visit the Connaught Laboratories, City Clinics, Preventorium, Pathological Museum, Hospital for Sick Children, and Toronto Hospital for Consumptives. After a visit to the Muskoka Hospital for Consumptives, the party will tour west as far as Winnipeg and Chicago, calling at Hamilton, Buffalo and Niagara Falls on the way back.

\*Read at the Maritime Conference of the Catholic Hospital Association, June 12th, 1930.

## THE DOCTOR'S PAGE

### *St. Michael's Hospital, Toronto, will again hold Post Graduate Course in Medicine*

**S**O encouraged were the promoters of the Post Graduate Course in Medicine held last year at St. Michael's Hospital, Toronto, that it has been decided to repeat this innovation on a larger scale. It is expected that the excellent attendance which characterized the 1929 course will be exceeded, and that the benefit to be derived from attendance will be much greater in consequence of the experience of those in charge of the Course.

The programme covers a period of six days, commencing on September 8th, and terminating on September 13th. At each lecture cases will be demonstrated as much as possible. Each afternoon, the visiting physicians will be shown through the wards and all new methods of treatment will be demonstrated. The hospital will hold "Open House" for the visitors, of whom it is hoped there will be a large number. All graduate physicians will be welcomed; those desirous of at-

tending should communicate immediately with Dr. W. B. Edmonds, Medical Arts Building, Bloor & St. George Streets, Toronto. There is no charge for attendance at this course.

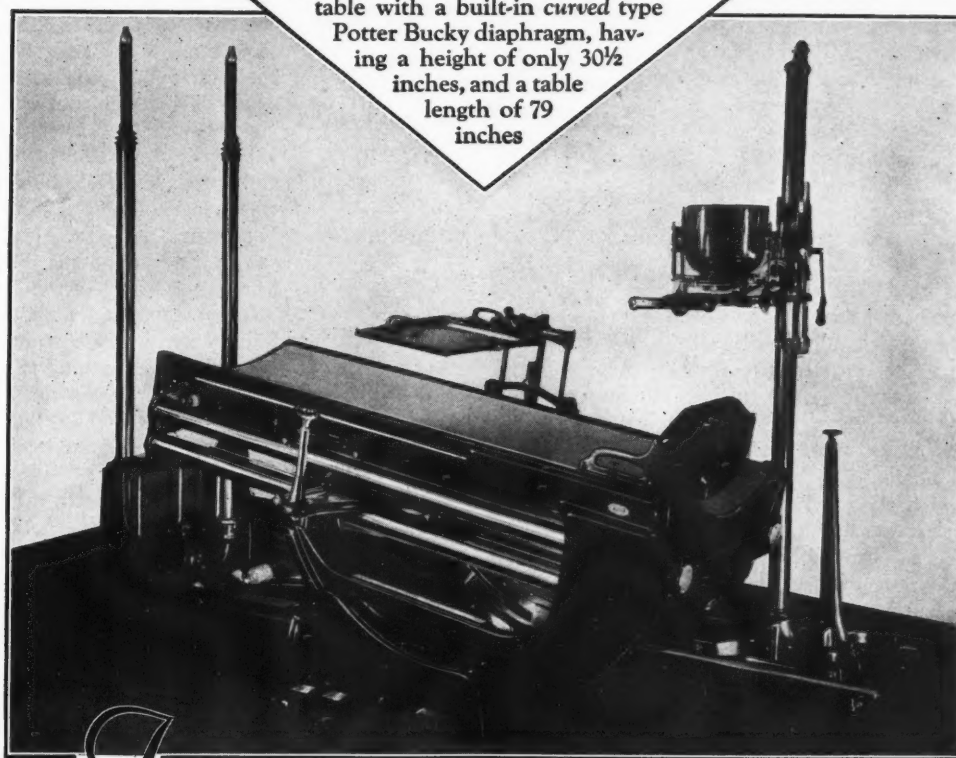
It is suggested that our physician readers give their attention to the programme, on which there is almost certain to be some phase of medicine in which you are particularly interested. Plan on taking your vacation at this time, so that you may be in attendance at all or part of the programme. If you are not able to be in Toronto for the duration of the course, why not motor to Toronto for a day or two, renew old acquaintances, be present at some of the lectures and treatment demonstrations? The benefit to be derived from attendance at even a part of the programme is inestimable. Such "refresher" courses should receive your hearty support and co-operation.

The programme is as follows:

<i>Monday</i>		
9-10 A.M.	Coronary Thrombosis	Dr. Julian Loudon
10-11	Chronic Arthritis	Dr. Harris McPhedran
11-12	Hypertension & Hyperthyroidism	Dr. D'Arcy Prendergast
<i>Tuesday</i>		
9-10 A.M.	Gastric & Duodenal Ulcers	Dr. Alex McKenzie
10-11	Non-Tubercular Chest Conditions	Dr. Broughton
11-12	Neurasthenia	Dr. W. B. Edmonds
<i>Wednesday</i>		
9-10 A.M.	Syphilis of Cardio-Vascular System.	Dr. Hagerman
10-11	Erythema Nodosum	Dr. Harris McPhedran
11-12	Common Skin Diseases	Dr. Harrison
<i>Thursday</i>		
9-10 A.M.	Tuberculosis of the Chest	Dr. Jabez Elliott
10-11	Diseases of Liver & Bile Passages	Drs. Loudon & Colling
11-12	Gastric & Duodenal Ulcers	Dr. McKenzie
<i>Friday</i>		
9-10 A.M.	Allergy & Allied Diseases	Dr. Broughton
10-11	Artificial Pneumothorax	Dr. Smylie
11-12	Arteriosclerosis & Myocardial Degeneration	Dr. Hagerman
<i>Saturday</i>		
9-10 A.M.	Tuberculosis of the Chest	Dr. Elliott
10-11	Common Nervous Diseases	Dr. Prendergast
11-12	Heart Disease in General Practise	Dr. W. B. Edmonds

## BETTER END RESULTS ARE NOW ASSURED BY THIS RADICAL AND UNIQUE TABLE DESIGN

For the first time there is presented to the profession a combination tilting x-ray table with a built-in curved type Potter Bucky diaphragm, having a height of only 30½ inches, and a table length of 79 inches



*Think* of the additional advantages that you would realize with this table in your x-ray laboratory.

You may readily see in the illustration how this design differs radically in principle from all others. Note the conspicuous absence of pivot point at either upper or lower edge of the table. Instead, the table is supported on the two geared rockers, with the motor power plant and its control system situated close to the floor. Thus engineering ingenuity has provided the necessary clearance under the

table top to permit unhampered movement of both the curved Bucky diaphragm and fluoroscopic unit along the entire length of the table.

Furthermore, it offers the choice of open air tubes or shock-proof heads (tubes immersed in oil) for either radiography or fluoroscopy—or both.

Unit type of construction makes it possible to furnish any desired combination diagnostic service in this table, according to your particular requirements.

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*Please refer to THE CANADIAN HOSPITAL when writing*

## Hospitalization is an Important Activity of the Sisters of Service

By The Rev. Father G. Daly,  
Spiritual Director of The Sisters of Service.

THE facts and principles which lie at the very foundation of the immigration problem have prompted and guided a religious and national endeavour for its happy solution. We refer to the foundation of the Institute of the 'Sisters of Service.' A very large proportion of the foreign element that the running tide of immigration has washed on our shores and scattered throughout the Western prairies belong to the Catholic faith. A fact admitted by all and based upon experience is that the loss of his faith is fatal to the Catholic new-Canadian. With the loss of his religion he ceases to be an asset and soon becomes a heavy liability on the balance sheet of the nation.

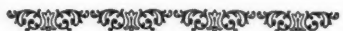
This is the background and state of necessity in which the Sisters of Service had its origin less than a decade ago. Year by year their activities have been extended until now their grey garb is a familiar sight on the streets of our large cities, on the wharves of the ports of entry, in the outlying districts of the great west and in the mining and lumber camps where their help is needed. This band of spiritual-minded women are banded together for the purpose of ministering to the spiritual and material wants of the new-Canadians in our midst, very often finding that the soul is easiest approached through the body. In the cities of Montreal, Toronto, Halifax and Winnipeg hostels for the reception of immigrants are maintained, wherein the hand of fellowship is tendered and the spiritual and temporal wants given fulfilment. In isolated villages of the west they perform manifold duties, ever keeping alive the light of faith, healing the sick, teaching children, and acting as housekeepers where sickness has stricken the mothers of families.

The hospitalization activities of the Sisters of Service are steadily gaining recognition. Witness the \$30,000 hospital, known as "Our Lady's Hospital," at Vilna, Alberta, which is the culmination of three years of unselfish effort on the part of these Sisters. The following constitutes the background of this fine modern building with efficient equipment for rendering a complete hospital service:

Vilna was a village of about two hundred people when the Sisters of Service commenced their work in that district. With the exception of about half a dozen English-speaking families, the district was inhabited by foreigners, chiefly Ukrainians. The surrounding country was peopled by Ukrainians, Poles, Rumanians and other central Europeans, among whom were a



*Like So Many Western Rural Institutions Our Lady's Hospital was Developed From an Almost Unbelievably Small Beginning.*



fair sprinkling of English-speaking persons from different parts of Canada and the United States. The land surrounding is wooded and stoney, a great amount of labor being required to clear a few acres. When clear, the land is very fertile and produces splendid crops of wheat, oats, barley and vegetables. Ninety-five per cent. of the people are poor owing to the difficulty of bringing the land to the production stage, because of numerous crop failures and because capital is lacking among these immigrant farmers.

In all their dealings with these people, the Sisters of Service have found them honest and intelligent, fully conversant with the hardships of life and knowing little of ease and comforts.

The work of this intrepid little band of social workers was commenced in a vacant bank, vacated on account of hard times, resultant on crop failures. Conditions were very primitive in this makeshift hospital. The sanitary system consisted of two slop pails. The water system was equally surprising; it was the pump in the yard. There were three two-bed wards. As circumstances required, children's cots were placed in the vacant spaces of the wards. The small operating room served also for the accommodations of the overflow and for isolated cases. It is to the lasting credit of the institution that not since its inception has there been a case of cross-infection. A room 12 ft. x 12 ft. served as utility room, drug store and scrub-up room for nurses and doctors. The kitchen was sterilizing room and parlor too as necessity dictated.

In this improvised hospital, often as many as twelve patients were cared for. Here also the doctor received his patients, the overflow of people often necessitating the use of the wards, operating room and kitchen for their accommodation. Several years of endeavour trying to serve the people in and about Vilna convinced the Sisters of Service that a change was necessary. Moreover, the people wished for a real, modern spacious hospital. Offers of support were received from the Board of Trade, Ladies' Aid and a few public-spirited citizens. Their support enabled the Sisters to open the institution known as "Our Lady's Hospital" in December, 1928. The institution is a cottage hospital with accommodation for about twenty-five patients, including adults, infants and children.

The basement is built almost wholly above ground, a necessary arrangement owing to the low wet land in and around Vilna. The basement is bright and airy and houses the dining room, laundry, storeroom and

drying room. The hospital floor is divided into wards, private rooms, office, operating room, nursery, linen cupboards and waiting room. Connected with wards and private rooms are bathrooms and washrooms. A dumb waiter connects the kitchen with the hospital floor, saving unnecessary steps up and down stairs. By housing all patients on the one floor it was thought that the hospital could be managed with a smaller staff.

At the rear of the hospital is the Sisters' cottage, which is connected with the main building by a passage. The cottage is built in such a way that should occasion arise, it can be converted into an emergency hospital. Under the passage-way is a well, the first of its kind in Vilna. This well possesses an important virtue—it cannot be pumped dry. In this same passage is the engine which supplies power for the automatic pump, electric lights and X-ray. The hospital is thus supplied with water, light and power at a comparatively low cost.

The X-ray is the latest model of the portable Victor X-ray machine and is said to meet the hospital's needs very satisfactorily. The building is beautifully furnished throughout. The furniture and equipment is thoroughly modern. The staff are especially proud of the "Green Room" which was furnished by the Ladies of the Community with the most modern hospital furniture. So modern is the hospital that it is not unusual for visitors to remark, "Why this is as up-to-date as a city hospital."

The grounds surrounding the hospital contain four acres. Continued efforts to beautify the surroundings will undoubtedly result in the hospital shortly becoming a show place of which Vilna residents are proud. Last summer 100 Russian poplars, 2 lilac bushes, 2 apple trees, 100 caragana bushes and 1 rose bush were planted. When the Honorable Mr. Oliver paid the hospital a visit last year he remarked on taking his departure: "No doubt your hospital will be of great benefit to many people, but your grounds will have an uplifting effect on the whole community."

The building of "Our Lady's Hospital" was financed by donations from private individuals, friends of the Order and others interested in immigration work. The running expenses consist chiefly of food supplies, medical and surgical supplies, wages for the maid and orderly. The nursing and housework are performed by the Sisters themselves, so that actual running expenses are not very high. About half of this sum is actually covered by donations from friends in the East.

The Sisters report that many difficulties have been met in their work. One of the greatest is that bugbear of hospital institutions—financing. The only permanent source of income is the 50 cents per day per patient grant from the Government. Even small bills presented to patients often meet with embarrassment. Another difficulty lies in the vast amount of energy which must be expended to educate foreign-speaking persons to use and profit by the hospital. The Ukrainians, who form the largest portion of the population which the hospital serves, are said to have an innate fear of the small country hospital and an isolated country doctor. Establishing confidence is therefore very difficult.



## Consider **NOW** *the Question of* **Adequate Fire Protection**

The only safe, and reliable method of removing patients from a burning building is by the Potter Tubular Fire Escape. This escape is built large enough to accommodate the regular hospital mattress. No chance of falling obstacles, smoke, water or fire hurting the patients because the Potter Fire Escape is fully enclosed.

Constructed and installed in strict accordance with the specifications of the Underwriters' Laboratories.

Made at Montreal, Que., and Winnipeg, Man.

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#### CANADIAN INSTALLATIONS:

Western and General Hospitals	-	-	Montreal, Que.
Soldiers' Memorial Hospital	-	-	Campbellton, N.B.
Chipman Memorial Hospital	-	-	St. Stephen, N.B.
Jeffrey Hale's Hospital	-	-	Quebec, Que.
Winnipeg General Hospital	-	-	Winnipeg, Man.
King George Hospital	-	-	Winnipeg, Man.

Visit our Exhibit at Booth No. 11, American Hospital Convention, New Orleans, October 20th to 24th, 1930.

Please refer to *THE CANADIAN HOSPITAL* when writing

### *Radiotherapy Institute Inaugurated at Toronto General Hospital*

The Trustees of the Toronto General Hospital have announced the establishment of an Institute of Radiotherapy, which will be completely equipped for the scientific study and application of all forms of treatment with Roentgen rays, radium and other radioactive substances. The Institute will be housed in and form a part of the Toronto General Hospital, where the necessary accommodation will be provided in what was formerly the Pathological Building of the University of Toronto, and which the Hospital have purchased for their own use. The building will house treatment rooms, bed accommodation and all the necessary apparatus.

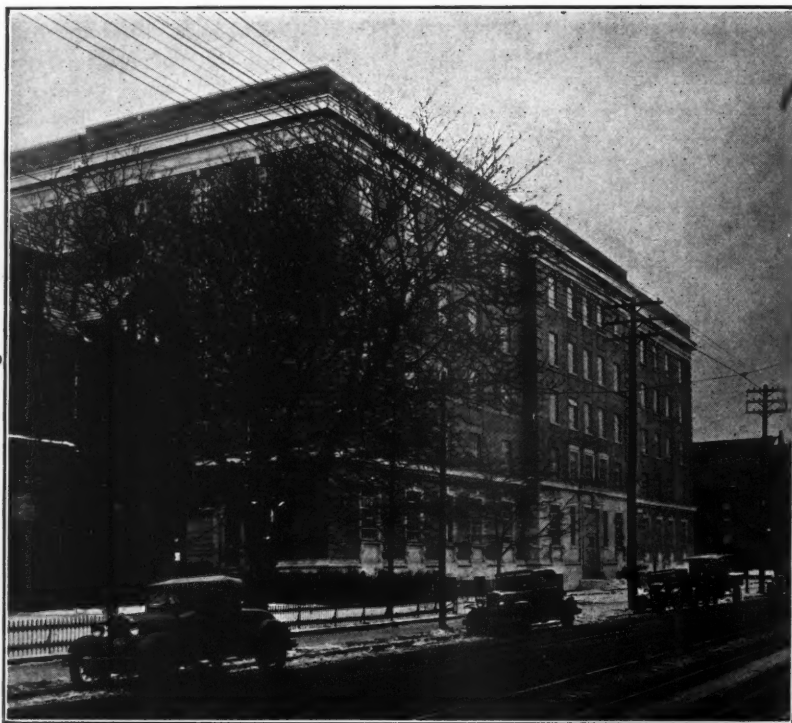
This new addition to the institution's equipment and facilities will represent the investment of approximately \$150,000. The hospital already has half a gram of radium, valued at \$35,000, in addition to costly X-ray tubes and other equipment. To give the new Institute the necessary amount of radium with which to carry on its curative and palliative work, an

additional gram will be purchased at a cost of \$70,000.

A feature of the Institute will be the installation of an emanation plant which has been authorized for immediate purchase. This will be housed in special quarters. This plant will permit radium energy to be stored in tubes and sent to doctors in outlying parts of the country for the treatment of their patients unable to come to the hospital. The plant will also permit the maximum use of the curative rays which are constantly being emitted from the radium, instead of allowing them to go to waste.

The present quarters of the radiology department of the Toronto General Hospital are entirely inadequate, and will be moved to their new location in the former Pathological Building as soon as the necessary structural changes have been completed.

The staff of the Institute will consist of a Director, a consulting and an active staff. All the activities of the Institute will be controlled by an administrative body on which the various departments of the hospital will be represented, including those of Radiology, Medicine, Surgery, Obstetrics and Gynaecology, Eye,



*The Banting Institute of Medical Research and Pathological Building  
of the University of Toronto, College St., Toronto, opposite the  
General Hospital.*

Ear, Nose and Throat, and Pathology and Bacteriology. The organization will be such that an intensive study of radio-therapy in all its aspects and its relation to disease will be studied by a group of specialists.

It is the contention of the Trustees of the Toronto General Hospital that the establishment of this Institute, with an adequate amount of radium and the necessary apparatus, under the control of a specialized staff on which all branches of medicine are represented, will accomplish much for those who suffer from malignant disease. The Hospital is to be congratulated on this decidedly forward step.

### Radiologists Form Research Institute to Fight Cancer

A mass attack on cancer and other acute and inflammatory diseases amenable to radiation will soon commence, as a sequel to the announcement of the formation of the Radiological Research Institute by a group of radiologists who seek to unite all scientists engaged with the problem in a great co-operative, non-profitable organization. One of the aims of the Institute is the reduction of the cost of radium and radium treatment, thereby making it more readily accessible to the public. The Institute has the endorsement of Dr. Joseph C. Bloodgood and Dr. Francis Carter, two of the country's leading authorities on cancer.

The Institute will be financially and morally backed by the Chemical Foundation, although the initial funds obtained by the Institute have been subscribed by a group of radiologists. Realizing the tremendous importance of the establishment of the National Institute of Health recently created by the American Congress, the radiologists are reported to have decided to form a central research organization to co-operate with the new Federal institution and all existing laboratories and institutions in the study of disease, especially cancer.

The functions of the Radiological Research Institute are given as follows:

To co-operate with the National Institute of Health and with all existing research laboratories and institutions in the study of disease, especially cancer.

To standardize and stimulate future development of X-Ray apparatus, tubes and equipment.

To stimulate research in the cheaper production and more efficient use of radium.

To lower the cost of medical care, especially as related to the use of X-ray and radium.

To stimulate, encourage and develop research in the science of radiology as used in medical and industrial fields.

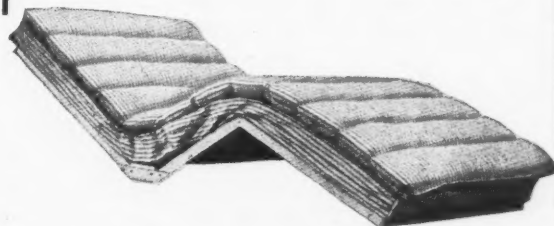
To collect, correlate and disseminate all scientific knowledge in the field of radiology, especially in its relation to cancer.

GALT, ONT.—The hospital board of the Galt General Hospital has made an important addition to the equipment of the institution in the purchase of a new gas and oxygen machine for the operating room.

## SPRING AIR Bed Cushions

Leading hospitals agree that no other mattress is as ideal for hospital use as Spring-Air. These, and hundreds of other hospitals across the continent, have purchased Spring-Air, — all on the basis of its being the most comfortable, sanitary, convenient, durable and economical mattress ever developed for hospital use.

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Hamilton General Hospital	- -	Hamilton
Victoria Hospital	- -	London
Mountain Sanatorium	- -	Hamilton, Ont.
Toronto Hospital for Consumptives	- -	Weston
Brantford General Hospital	- -	Brantford
Charlotte Elenor Englehart Hospital	- -	Petrolia
Mount Forest General Hospital	- -	Mount Forest
Galt Hospital	- -	Galt
General Hospital	- -	Sault Ste. Marie, Ont.
General Hospital	- -	Kingston, Ont.
Sensenbrenner Hospital	- -	Kapuskasing, Ont.
Grace Hospital	- -	Toronto
General Hospital	- -	Winnipeg
Misericordia Hospital	- -	Haileybury, Ont.
General Hospital	- -	Moose Jaw, Sask.



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"We Keep Awake that Others May Sleep"

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## Satisfy Your Wanderlust and Take the A.H.A. Post Convention Cruise to the Tropics

A DELIGHTFUL post-Convention cruise in southern seas has been planned for those who will attend the forthcoming Convention of the American Hospital Association at New Orleans. Fortunate are the delegates who have not already had their annual vacation, for this cruise affords a delightful holiday in tropic seas amid old world settings. By taking this cruise you may benefit by a 16-day leisurely trip southward to the blamy climes of the tropics, putting in at those places about which you have read, but perhaps never hoped to see.

The cruise has been thoughtfully planned to include stop-overs at quaint and historic places of rare beauty, off the beaten paths where otherwise you might penetrate only with a privately owned yacht. The steamship line has made special preparations for entertainment both on board ship and while ashore, and a number of hospitals, clubs and associations in the countries to be visited have already sent cordial invitations. Excursions to tropic hospitals have been arranged, wherein delegates to the American Hospital Association Convention may derive a fund of information. And if you would taste of the beauties of the tropics with the gusto of an epicure, spend a few hours with some well chosen books which will reveal to you the historical significance of the old-world ports into which the S.S. Parismina will sail.

The first port of call will be Havana, Cuba, the playground of America. Here will you find the strange and alluring ad-

mixture of the Occidental with the Oriental, here will you become infected with the good spirits of the Latin race. After Havana, you will have an opportunity of seeing the Republic of Panama and the Canal zone, and if you are interested in engineering wonders, the Panama Canal will enthrall you with its almost human precision and skill. Here will you see "the gateway of the world." Then will you journey to Guatemala, the country the Spaniards knew and loved only second to sunny Spain. It is here that a delightful civilization has sprung up, a veritable Spain on a miniature scale.

Arrived at Guatemala, the return cruise commences, with Havana your first port of call. On Sunday, November 9th, the Captain of the S.S. Parismina will entertain you as his guests at dinner, this occasion reminding you that on the morrow you will arrive at your destination and starting point both—New Orleans.

For residents in the north—and that includes Canadian delegates who may take the cruise, it has been arranged that transfers can be effected at Havana to a northbound New York steamer to New York City, from which there is easy egress to all Canadian points. A stop-over in Havana of four days will be necessary to make this connection, but in the month of November, hotel rates in even the finest hotels are at their minimum.

Early reservation is suggested in order to ensure accommodation. For information, write Dr. Bert Caldwell, Executive Secretary, 18 East Division Street, Chicago, Illinois.



**DR. A. R. GRIFFITH**  
*Chief of the Medical Board, Homeopathic  
 Hospital, Montreal, who was elected president  
 of the American Institute of Homeopathy,  
 the oldest national medical organization in  
 America.*

### *The School of Mothercraft Graduates Thirteen Nursery Nurses*

Thirteen nursery nurses, members of a new calling for young women, were recently graduated from the School of Mothercraft. They are now qualified to attend to infants, both sick and well, in private homes or institutions. In case our readers are not familiar with this specialized branch of nursing, somewhat new to Canada, a few pertinent facts seem to be "a propos."

The School of Mothercraft is a branch of the Hospital for Sick Children at Toronto. The course was inaugurated only two years ago. Its 15-month course is open to graduates of other hospital training schools or to young women generally who are anxious to care for children. To indicate how popular the School's graduates are, be it said that the small graduating class of 1930 received 124 offers of employment. This proves beyond a doubt that the School is filling a long-felt need, and it is thought that before long the demand will be met with an adequate supply of nurses.

The course at present includes six months at the East End Day Nursery, where probationers are trained in the care of healthy babies; three months in the infant ward of the Hospital for Sick Children and four months in the country unit at Thistlethorn, where the care of sick babies is taught. A short domestic course completes the 15-month curriculum.

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## *Leading the Field*

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## Sunwheat Biscuits Ensure a Balanced Diet

**A**N un-technical but nevertheless adequate resume of the excellencies of the new food product "Sunwheat Biscuits" has been prepared, entitled "Health and the Home", on which the Editor of the Canadian Hospital thought it well to publish a review in conjunction with the technical and scientific article by Dr. Tisdall, of the Research Laboratories of the Hospital for Sick Children and the Sub-Department of Paediatrics, University of Toronto. The article outlines the requirements for food health, with special reference to a balanced diet. The foods necessary for good health every dietitian and well trained nurse knows to be as follows:

1. Proteins, as in eggs, milk, meat and fish.
2. Fats, as in butter.
3. Carbohydrates, as in vegetables and cereals.
4. Minerals, as iron in eggs and calcium in milk.
5. Roughage, as in fruits and vegetables.
6. Vitamins, one or more of which exists in very small but adequate quantity in a great variety of foods, but not in all foods.

In connection with this latter point it might be well to mention that no food yet discovered or manufactured contains all the six vitamins needed for good health. The discovery of vitamins and their importance in diet and health is a modern discovery in which Professor Sir F. Gowland Hopkins, of Cambridge University, was the leader. The discovery dates back some two hundred years, when Dr. James Lind found that by including lemon juice in the seaman's diet, scurvy could be prevented. This opened the way for the discovery of the importance of vitamins, and since then no less than six different vitamins have been recognized.

Concerning these six vitamins the experience of dietitians, medical men and food specialists has led to the promulgation of certain generalizations, including the following:

1. Without enough vitamins we cannot be well.
2. Most people do not have enough vitamins in their daily food.
3. One vitamin does not make up for others; we must have all six.
4. Vitamins have a protective power; they keep us from contracting certain diseases.
5. Vitamins are necessary for growth.
6. Mothers, babies and growing children have special need of vitamins.
7. Modern foods—refined, processed and sometimes sophisticated—often lose their vitamins.
8. Uncooked foods and natural foods have most vitamins.

These six vitamins are designated as "A", "B<sub>1</sub>", "B<sub>2</sub>", "C", "D" and "E". We are subject to a shortage of these vitamins because of their wide distribution in various articles of food, few foods containing more than one, two or, in isolated cases, three vitamins. At most times of the year we can get Vitamin A from milk. B<sub>1</sub> and B<sub>2</sub> are present in wheat germ and yeast, Vitamin C in citrus fruits, tomatoes, fresh fruits and vegetables, Vitamin D in cod liver oil and Vitamin E in wheat germ. In addition it is known that a substance called ergosterol, present in wheat germ, may be converted into Vitamin E through irradiation by ultra-violet rays. This is one of the basic considerations in the manufacture of the Sunwheat Biscuit, one process of which entails the thorough irradiation of wheat germ by the use of ultra-violet ray lamps. The Editor has been privileged to view the process of irradiation, which is accomplished by extremely well-planned mechanical equipment specially designed for the manufacturer, the McCormick Mfg. Co., Limited, of London, Ontario.

### A Palatable Food.

In addition to these widely distributed vitamins, mineral constituents are required for the well balanced diet. Where are they to be had? Iron is in egg yolk, calcium in milk and leafy vegetables, phosphorus in meat and eggs and other minerals are found in milk. It is quite evident that an opportunity to assure the proper intake of vitamins and minerals would go a long way toward building up good health through an adequate diet. The uncertainties of ordering, preparing and serving are not conducive to their ideal state of affairs. That is what the Research Laboratory at the Hospital for Sick Children has accomplished, giving to the public a palatable food product which contains five of the six known vitamins and the necessary mineral constituents in the right quantities. The only vitamin lacking is Vitamin C which may easily be supplied through citrus fruits, tomatoes, fresh fruit and vegetables. The average diet supplies Vitamin C in the necessary quantity. Just to show how concentrated are the vitamins and mineral constituents it might be interesting to reflect that five or six Sunwheat Biscuits contain as much calcium as a pint of milk.

Arrangements have been made with the McCormick Mfg. Co., Limited to manufacture Sunwheat Biscuits under the direct supervision of the Nutritional Research Laboratories, Department of Paediatrics, University of Toronto. The Steenboch Patents from the University of Wisconsin are held by the Laboratories and all royalties will be devoted to Medical Research. It has just recently been arranged to manufacture these biscuits in the United States, and for every package that is sold a royalty will accrue to the Nutritional Research Laboratories.

## BOOK REVIEWS

### A Textbook on the Diseases and Nursing of Sick Children

This textbook for nurses and welfare workers, edited by Alan Moncrieff, M.D., B.S., M.R.C.P. Lond., and with introduction by George R. Irving, M.D., constitutes an excellent addition to the libraries of nursing schools. The preparation of this volume was urged by the fact that there was not in existence a similar comprehensive book dealing with all the disorders and diseases of childhood written from the nursing standpoint. It fulfills its ambitious plan by presenting each part of its subject in chapters bearing the signatures of those well equipped to treat their respective parts. Each section was freely and thoroughly discussed with the editor of the book, and the latest works on the medical and surgical diseases of children and on nursing consulted, before the text was completed. Particular care has been taken with the illustrations, of which there are one hundred and eleven.

Contributors include the following: T. Twistington Higgins, O.B.E., F.R.C.S., Surgeon to the Hospital for Sick Children, Great Ormond Street, etc.; Eric I. Lloyd, M.A., M.B., B.Ch., F.R.C.S., Surgeon to the Hospital for Sick Children, Great Ormond Street, etc.; Alan Moncrieff, M.D., B.S., M.R.C.P., Medical Registrar and Pathologist to the Hospital for Sick Children, Great Ormond Street; Bernard Schlesinger, M.A., M.B., B.Ch., M.R.C.P., Physician in Charge of the Children's Department, Royal Northern Hospital, etc., with the collaboration of M. A. Fussell, S.R.N., Sister Tutor, The Hospital for Sick Children, Great Ormond Street.

This book is published by G. P. Putnam's Sons, 2 West 45th St., New York City.

### Nurses' Glee Club Assists at Graduation

The 1930 Graduation Exercises of the Jeffery Hale's Hospital, Quebec City, was characterized by the rendering of two selections by the Nurses' Glee Club, which was organized this year. The numbers, "The False Prophet" and "Kentucky Babe," were delightfully rendered before an appreciative audience of relatives and friends of the nurses, the rendition giving every evidence of careful training and keen musical appreciation. Congratulations were tendered to the organizers of this movement, and the guests expressed the hope that the Glee Club would continue to assist at the Graduation Exercises from year to year.

At the conclusion of the program, a vote of thanks was tendered to Mr. C. H. Thorn, who had devoted so much of his time to the training of the students. Mr. Thorn is well known in Quebec City, being Choir Master of the Wesleyan Church. His choir is recognized as one of the best in the province, and the organizers of the Glee Club feel that they are very fortunate in having Mr. Thorn as director.

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## News of Hospitals and Staffs

*A Condensed Monthly Summary of Hospital Activities,  
and Personal News of Hospital Workers*

*Editor's Note: Contributions of items for publication in this department will be gladly received.  
Please Address, The Canadian Hospital, 454 King Street West, Toronto.*

ATIKOKAN, ONT.—The "Outpost on Wheels", as the railway coach loaned to the Red Cross Society by the Canadian National Railways is characterized, has completed its first term at Ellis and is being transferred to Atikokan, a subdivisional point on the old Canadian Northern, west of Port Arthur. Atikokan has neither resident physician, nurse nor hospital facilities to serve its residents, and has asked the Red Cross Society to investigate its needs. The survey will be made immediately, but in the meantime, the Red Cross hospital-on-wheels offers modern hospital facilities.

\* \* \*

BRANDON, MAN. — The annual Convention of the Manitoba Hospital Association was held at Brandon on July 10th. In the past it has been the custom to hold joint meetings with allied organizations, but this year the Hospital Association met alone, due to the fact that the British Medical Association meeting was absorbing the time of many who might otherwise be interested in attending the Convention.

\* \* \*

FORT ERIE, ONT.—Tenders have been called for a new hospital to be erected on Bertie Street, Fort Erie. The hospital was provided for in the will of the late Dr. William Douglas, and will cost in the neighborhood of \$350,000. It is expected that the hospital will be completed early in 1931. It will be built on a six-acre site recently purchased. Plans are being drawn by W. L. Somerville, of Toronto.

\* \* \*

GUELPH, ONT.—The new directorate recently approved by the City Council for the Guelph General Hospital, includes the following: Dr. W. J. R. Fowler, George L. Bush, John Armstrong, Joseph Curzon, William Andrews and Dr. H. O. Howitt. Unlike the retiring management, the incoming Board will not be handicapped by lack of finances, but will start off with a clean sheet as a result of the payment of indebtedness by the citizens.

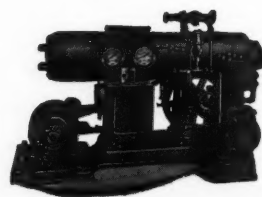
\* \* \*

KINGSTON, ONT.—Dr. Edward Ryan, Director of Mental Hospitals for the Government, and Superintendent of the local Ontario Hospital for the past 25 years, left at the end of June for an extended tour of the British Isles and the Continent. It is reported that on his return to Kingston he will resign both his offices with the Government, and that he will be succeeded by Dr. B. T. McGhie, of the Orillia institution.

MONCTON, N.B.—At the June meeting of the Hospital Board of the Moncton City Hospital, Mr. A. C. Chapman was re-elected president for the coming year. It is thought that the new 68-bed addition will be ready for occupancy in September. Work is being rushed to completion as accommodation is now at a premium.

\* \* \*

MONTREAL, P.Q.—Extensive reorganization in medical staff, building accommodation and laboratory facilities are planned at the Children's Memorial Hospital, which will in future be closely associated with McGill University. The new wing of the building will be equipped with the latest and most up-to-date scientific equipment obtainable. Part of the new wing will be known as the Forbes Memorial Tower, in commemoration of the late Dr. A. Mackenzie Forbes, through whose efforts present developments were made possible.



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MONTREAL, QUE.—It is with profound regret that we announce the death of Miss Louise Dickson, for the past six years superintendent of the Shriners' Hospital for crippled children at Montreal. Miss Dickson died at the Private Patients' Pavilion, Toronto General Hospital, during the latter part of June, having submitted to an operation a few days before her death. Miss Dickson was born in Ogdensburg, New York, but spent most of her life in Canada. She was a graduate of the Toronto General Hospital and was a former instructor of nurses at the Hospital for Sick Children.

\* \* \*

OLIVER, ALTA.—Tenders are being called for the construction of a dining hall to be used as a unit of the Oliver Mental Hospital, the cost of which will be in the neighborhood of \$74,000. It is expected that the building will be completed this fall. Construction will be of brick, tile and stucco. It will be one storey high, with outside dimensions of 50 ft. x 100 ft. In addition, a kitchen to be used in connection therewith will be built, with dimensions of 60 ft. x 27 ft. The dining hall will accommodate 300 patients. The site will be to the north of the main buildings and will conform architecturally to the group.

\* \* \*

PERTH, N.B.—A meeting was held at Perth on June 10th. to discuss the advisability of establishing Outpost Hospital under the Red Cross with local support from the residents and the Board of Trade. Miss Jessie Lawson and Miss Prescott, of St. John, were present. It was decided to appoint a committee of Board of Trade, Red Cross and Women's Institute members to visit the Outpost Hospital at St. Leonard, after which another meeting will be called. The Junior Red Cross members were also present.

\* \* \*

QUEBEC, QUE. — The contract has been let for a \$500,000 addition to St. Michael Archangel Hospital. Plans by Pierre Levesque, architect, call for a five storey building, 100 x 100 feet, with wings 150 feet in length, of steel, stone and brick construction.

\* \* \*

REGINA, SASK.—The Nurses' Home for the Regina General Hospital was opened on July 1st. It was hoped that the opening could have taken place earlier, but it was not possible to complete the housing of the staff in the new building until the end of June.

\* \* \*

STE. AGATHE, P.Q.—The new Mount Sinai Sanatorium for Jewish tubercular patients, was opened during July. It contains, among other modern features, a fireproof vault for the storage of X-Ray films, radio service in the public wards, roof garden for sun baths, and a synagogue.

*Continued on next page*

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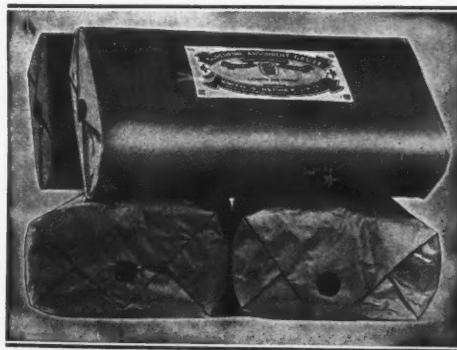
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## News of Hospitals and Staffs

*Continued from page 41*

SALMON ARM, B.C.—Miss Ida Harbell has been appointed by the directors of the Salmon Arm General Hospital as matron, to fill the vacancy caused through the sudden death of Miss Brooks, who was killed in an automobile accident near Kamloops. Miss Harbell is a local resident and a former matron of the hospital.

\* \* \*

ST. JOHN, N.B.—The laying of the corner-stone of the new General Hospital is expected to take place about August 1st. The architects are Alward & Gillies of St. John.

\* \* \*

SYDNEY, N.S.—At the recent Convention of the Hospital Association of Nova Scotia and Prince Edward Island (please note the new name) the following were elected to office: President, L. D. Currie, LL.B., Glace Bay, N.S.; Secretary, Miss Ann Slattery, B.A., R.N., Dalhousie University, Halifax, N.S.

\* \* \*

SYDNEY, N.S.—In a letter received recently from Sister John Baptist of the Maritime Conference of the Catholic Hospital Association, we were told that a marked note of enthusiasm prevailed throughout the sessions of their Convention. This was attributed in part to the presence of such distinguished men in the hospital field as Dr. G. Harvey Agnew, Department of Hospital Service, Canadian Medical Association, Dr. Malcolm T. MacEachern and Dr. A. L. Scammell of the American College of Surgeons, all Canadian born.

\* \* \*

TUXFORD, SASK.—The community hospital has been reopened under new management, with Dr. Ramsey, of Tugaskie, in charge.

\* \* \*

VANCOUVER, B.C.—The contract has been let for the new Nurses' Home for St. Paul's Hospital at a cost of \$195,500. The new buildings are expected to be completed by Christmas. The structure will be five storeys high conforming in design and construction with the older section of St. Paul's Hospital. A feature of the building will be the flat roof on which provision will be made for recreational facilities for the nurses, such as tennis and badminton courts. In the basement will be dining room and lunch rooms, sewing rooms, laundry, storage rooms, incinerator and heating chamber. The ground floor will comprise large classrooms, library private and general offices, reception rooms, living room, chemical laboratory, demonstration rooms and lavatories. The four upper stories will be given over to nurses' accommodation. Here will be 100 single rooms, 32 double rooms, baths, showers and toilets. Hot and cold running water will be placed in each room.

WHITBY, ONT.—The Whitby Private Hospital, owned and operated by Miss J. M. McKee, was reopened on June 21st. Extensive alterations have been made both inside and outside and accommodation is provided for twelve patients.

\* \* \*

WHITBY, ONT.—A series of outings has been planned for the patients at the Ontario Hospital, the first of which took the form of a basket picnic. Special coaches took sixty patients for a two hours' motor trip to Lake Scugog and other points, after which the cavalcade stopped at Bowmanville for a picnic supper. Similar excursions will be held throughout the summer. Such interludes as these provide an excellent means of combining pleasure with out-of-door activity.

\* \* \*

WINDSOR, ONT.—An expenditure of \$30,000 has been approved for the construction and equipment of a new laundry at the Metropolitan General Hospital. The laundry addition will cost in the neighborhood of \$15,000, the balance of the sum voted to be spent for the necessary machinery. Debentures for this new building will run, according to the proposed plan, over a period of 15 years.

\* \* \*

## *Stedman Flooring is Now Manufactured in Canada*

Of extreme interest to Canadian hospitals is the announcement by Alexander Murray & Co., Limited, that they have consummated a contract whereby Stedman Naturized Reinforced Rubber Flooring is now being manufactured in Canada, and is now, in fact, a 100 per cent. Canadian-made product.

Very probably all hospitals are familiar with Bulletin No. 47, published by the American Hospital Association. This is a report of the Committee on Floors, who for over two years made a study of what constitutes the best type of flooring for hospitals that would meet the various demands of hospital service to the greatest extent. Their study of the flooring treatment dealt largely with resistance to: abrasion, pressure, fire, absorption, acids and alkalis, and staining; foot comfort; ease of maintenance, noiselessness. They strongly recommended Stedman Naturized Reinforced Rubber Flooring for private rooms, wards, operating room, laboratories, corridors, solariums and other suitable areas.

For children's hospitals, it is possible to design decorative animal and bird inlays that are educational for the children. A number of hospitals have adopted this style of treatment, such as the Children's Hospital in Columbus, Ohio. These designs are cut and fitted from uncured stock, and the patterns are then vulcanized together under the enormous hydraulic pressure, which gives each section the same finished and wearing qualities found in the regular flooring.

Stedman Flooring is the only multiple color reinforced rubber flooring which is protected by basic patents.

The patents include the principle of integral (cotton fibre) reinforcement. In this process, new cotton

fibres that are short and so fine (finer than a filmy cobweb) as to be almost invisible to the eye, and are introduced into the rubber compound which surrounds and impregnates them, forming a reinforced mass that later in the hydraulic press, under great heat and the tremendous applied plate pressure of 1,200 lbs. to the sq. in., becomes a homogenous whole.

Technically, it is demonstrable that the fibre reinforcement of the Stedman process yields the highest results in tensile strength, ultimate elongation and resistance to abrasion, indentation and penetration. The proportion of rubber, pigment and fibre is scientifically gauged to give to the Stedman floor structure that balance which makes it resilient yet wear-resisting, smooth yet non-slipping, practical yet beautiful. This is also the reason why Stedman Flooring will not warp or curl, creep, chip or become brittle. The density of Stedman Flooring eliminates the possibility of absorption of moisture and produces an entirely sanitary floor that also will not mar or dent under standing or moving furniture.

The same invisible cotton fibre reinforcement also functions by retarding the colour interflow, and which makes possible a greater natural beauty and (naturalized) realistic marble-like effects. It is the retardation of the colour interflow which produces the clearly defined veinings and striations that are characteristic of Stedman Flooring. These colours are permanent, as they run throughout the full thickness of the flooring, and abrasion or traffic wear only serves to enhance their beauty.

There are hundreds of Stedman installations in hospitals, and it is interesting to observe that this floor treatment has proved so thoroughly satisfactory as to warrant these hospitals reordering as their requirements demand.

#### Canada Blazes Another Arctic Trail

Canada has blazed another trail in the Arctic by providing a fully equipped miniature hospital ship for use in the Far North. The ship, called the *Medico*, is a 38-foot cabin cruiser type. At present it is on its way to Aklavik, Northwest Territories, which will be the base of its operations. This is the most northerly situated hospital ship in the world. It will be used to convey patients from any place that can be reached by boat to the hospital at Aklavik. Dr. J. A. Urquhart, Government physician at Aklavik, will be in charge of the ship's operations. The craft was built in Edmonton for the Northwest Territories' branch of the Department of the Interior, and set sail for the north country from Fort Simpson on the Mackenzie River.

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### Lewis Mfg. Co. Adds Fourteen New Dressings to Its Line

A complete line of Lewis ready-made dressings is now available to suit every normal hospital need. Including the fourteen new dressings which have just been added, there are now twenty-nine different types. Included are sponges, flats, fluffs, A.B.D. packs and rolls, combination pads. This modern development can only be compared with the progressive methods employed by hospital administrators to improve the physical operation of their hospitals and to save time, labour and materials.

It is pointed out by the Lewis Mfg. Company that this development makes possible the better use of nurses' time in a professional capacity rather than employing them as manufacturers of dressings. The opportunity to eliminate waste and save money is also pointed out as a reason why hospitals should investigate these ready-made dressings.

So that hospital administrators may evaluate these new dressings, the Lewis Mfg. Company have prepared a dressings set which includes a sample of each of the new ready-made dressings. Furthermore a Curity Ready-Made Dressings Manual is ready for distribution. This describes each dressing, its application, and outlines the advantages of the ready-made dressing idea. These may be obtained from the Canadian office of the Lewis Mfg. Company, at 96 Spadina Ave., Toronto.

### Problems of Hospital Heating Considered in C. A. Dunham Organ

A series of articles dealing with the heating problems of hospitals appear in the June issue of the monthly house organ of the C. A. Dunham Co., Limited, copies of which are available for heating engineers or administrators of Canadian hospitals, sanatoriums and allied institutions. Although this house organ ordinarily deals with the entire heating field, this issue contains much that pertains to hospitals; in fact, this has been made a hospital issue. To one article in particular we would draw your attention. It is entitled "Sweeping the Hospital Field in Canada."

The C. A. Dunham Co., Limited, may be addressed at 1523 Davenport Road, Toronto, Ontario.

### Peace River Country Has Up-to-date Hospital

In the development of the Peace River country every town and village have had their "big day" on which was celebrated a step forward in the opening up of this vast tract of country. December 18th was McLennan's "big day", when the new hospital built by the Sisters of Providence was officially opened. In order that everyone in the district might be present on the occasion, a special train was run from Girouville to McLennan.

The opening of the new Sacred Heart Hospital was an important event in the history of the surrounding country. In the past, many tragedies have occurred,

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owing to the fact that there was no hospital accommodation in the north country. Patients had to be taken to Edmonton, a distance of some 250 miles. With train service to that city only twice a week, it may be seen how fatal the delays would oftentimes be. Seeing the need for a modern hospital in this rapidly developing country, the Sisters of Providence determined to build at their own expense a refuge for the sick that would be on a par with the other fine hospitals of western Canada.

It took indomitable courage and determination to overcome all the obstacles that presented themselves in the construction of the institution. It must be remembered that McLennan is only a small village in a new country, where none of the ordinary advantages of the modern city are available. Just as an example of the difficulties which presented themselves, it might be mentioned that there was no water power, so a well costing \$2,500 had to be dug to furnish water for the institution. A sewage system was the next problem, which like its predecessor was successfully solved. A steam heating system was then successfully developed.

In spite of all these disadvantages, the new Sacred Heart Hospital compares favourably with any other modernly equipped and constructed hospital, and the Sisters of Providence are justified in their pride.

At present there is accommodation for twenty patients, but in the near future a larger, fireproof hospital will be built and the present building will be reserved for the staff. It is expected that the new building will cost in the neighbourhood of \$100,000. Registered nurses staff the hospital, the Sisters filling the other offices of the institution.

### *Mellon Institute Claims Vitamin C Not Destroyed*

According to the results of experiments carried out at Mellon Institute of Industrial Research, University of Pittsburgh, Pittsburgh, Pa., aluminum cooking vessels have no selective destructive action on the antiscorbutic vitamin C of milk. Milk, man's most nearly perfect food, has particular importance in the dietary of the infant and child, and should be a component part of every well-balanced diet for the adult as well. There has been a growing tendency to boil milk whenever it is to be used in supplemental feedings, or whenever a supply is of doubtful origin. In thus safeguarding the health of children against microorganisms and in providing for better assimilation of the proteins, it is well to know that when aluminum vessels are used for the preparation of milk, this valuable foodstuff is not being robbed of its antiscorbutic properties.

In the Mellon Institute experiments, milk was boiled lightly for five minutes in aluminum or glass containers. Some destruction of vitamin C occurred in each case as a result of the boiling, but the metallic utensils exerted no greater action than did those of glass. Another interesting observation is that winter milk from ensilage-fed cows is practically as potent in vitamin C as the best summer milk from cows on pasture. Further details of the experiments will be supplied to dietitians on application to the Institute.

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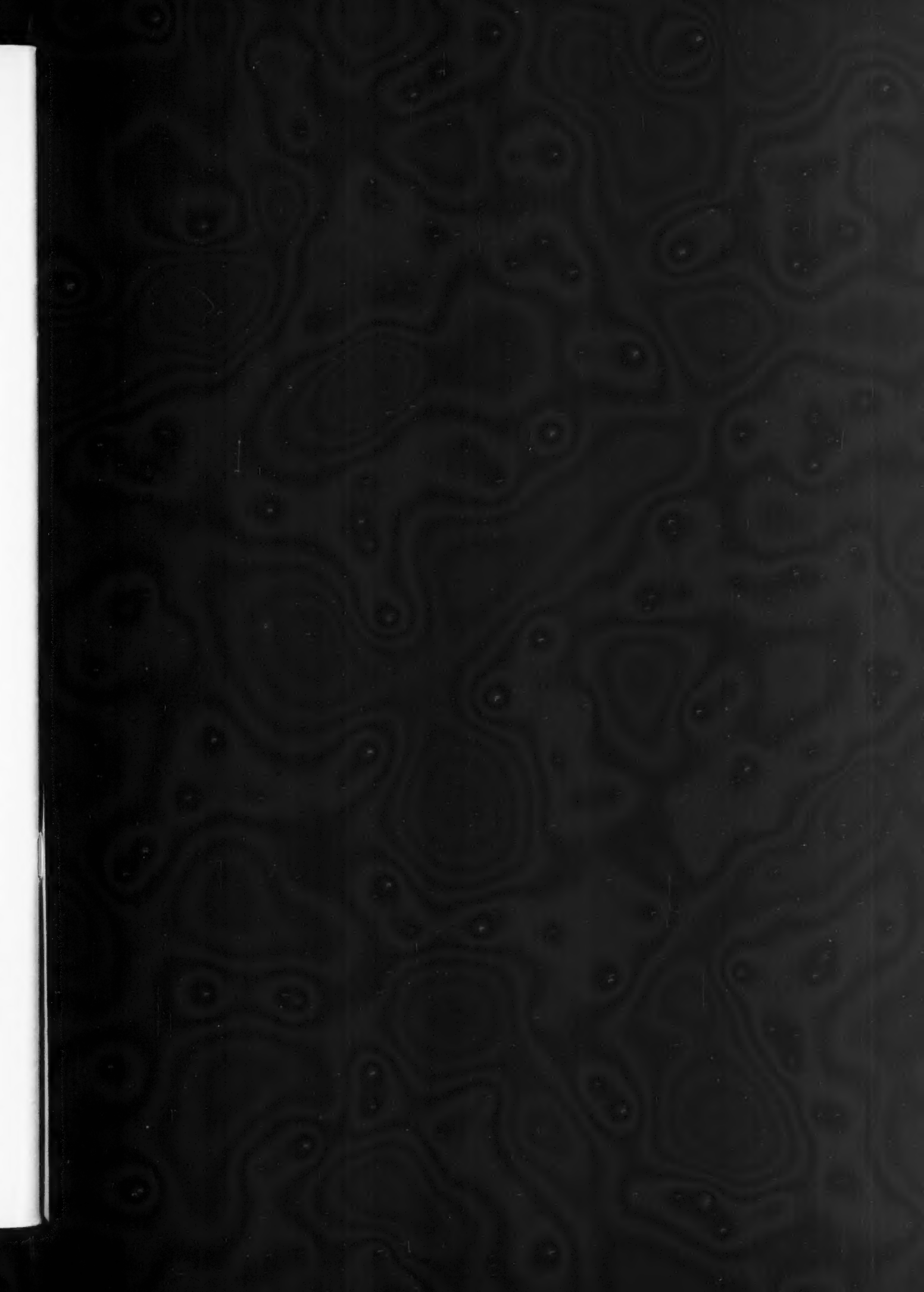
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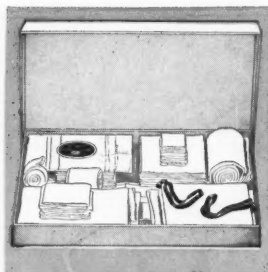
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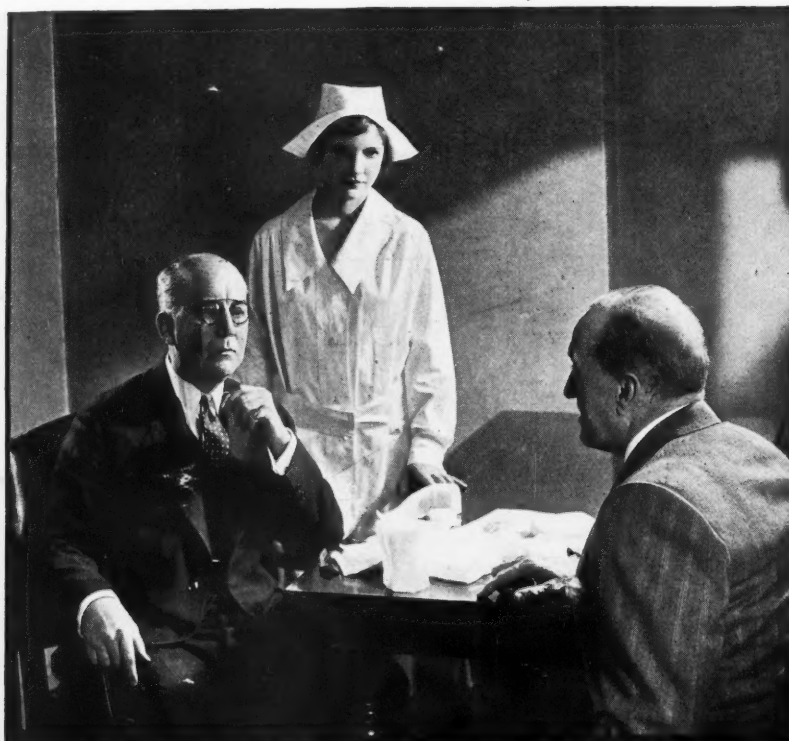
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